	NO. OF CO IF THE CITY OF						
	DISTRIBUTION						
	SANTA FE	***					
	FILE						
	U.S.G.S.						
	LAND OFFICE						
	TRANSPORTER	OIL					
		GAS					
	OPERATOR						
	PROPATION OF						
	Operator						
	Champlin Petroleum Co						
	Address						
	P. O. Box 872 Mi			l 1a			
	Reason(s) for filing	(Check p	roper	box			

	SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	i	FOR ALLOWABLE AND ANSPORT OIL AND		Effective 1-	Old C-10 4 and C-11 0 1-65			
1.	Operator Champlin Petroleum Con	mpany	34.						
	Address								
	P. O. Box 872 Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)								
	New Well	w Well Change in Transporter of: Change well name from:							
	Recompletion Oil Dry Gas State 32-7-33 No. 8 Change in Ownership Casinghead Gas Condensate								
	If change of ownership give name and address of previous owner								
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F		Kind of Leas					
	State 32-7-33 Unit	8 Chaveroo-San		State, Federa		K-2734			
	Location Unit Letter K ; 1980	O Feet From The South Lir	, 1000						
		waship 7-S Range	33-E , NMF	75	sevelt	County			

ш.	Name of Authorized Transporter of Oil	or Condensate	Address (Give addres	s to which appro	oved copy of this form i	s to be sent)			
	Mobil Pipe Line Companion of Authorized Transporter of Case	5		llas, Texa	as oved copy of this form is to be sent)				
	Cities Service Oil Company		Bartlesville	Bartlesville, Oklahoma					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B 32 7-S 33-E	Is gas actually conne Yes	cted? Wh	6-19-66				
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling ord	ler number:					
• • •	Designate Type of Completic	on - (X)	New Well Workover	Deepen	Plug Back Same F	Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	1			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay Tu		Tubing Depth	ubing Depth			
	Perforations				Depth Casing Shoe	Depth Casing Shoe			
		TUBING, CASING, AN							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)								
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size				
	Actual Prod. During Test	Oil - Bbls.	Water-Bbls.		Gas - MCF				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate				
			Casing Pressure (Shut-in)		Choke Size				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sit		Choke Size				
VI.	CERTIFICATE OF COMPLIANO	CE	OIL		ATION COMMISSI 1971	ON			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			By AR AMer					
			BY AA						
	;		TITLE SUPERVISOR DESTRICT						
			This form is to be filed in compliance with RULE 1104.						
	(Signature)		If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
	District Clerk (Tule)		All sections of this form must be filled out completely for silow- able on new and recompleted wells.						
	February 1, 1971 Fill out only Sections I. II, III, and VI for changes of owner well name or number, or transporter, or other such change of conditions.								
	104	was name or names or samperson or the filed for and much in middle							

Fill out only Sections I. II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.