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TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE A.C.C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseded by Form C-110
Effective 1-1-65
MAR 23 1 01 PM '66
MAR 29 11 46 AM '66

I. Operator
Champlin Petroleum Company Non-Operator: **Warren American Oil Company**
Address
P. O. Box 1797, Midland, Texas
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 32-7-33	Well No. K-2734	Pool Name, including Formation Chaveroo-San Andres	Kind of Lease State, Federal or Fee State
Location Unit Letter K 1980 Feet From The South Line and 1980' Feet From The West Line of Section 32 , Township 7-8 Range 33-E , NMPM, Roosevelt County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Magnolia Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 32	Twp. 7-8	Rge. 33-E	Is gas actually connected? Vented	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-28-66	Date Compl. Ready to Prod. 3-16-66		Total Depth 4490'		P.B.T.D. 4488'			
Pool Chaveroo-San Andres	Name of Producing Formation San Andres		Top Oil/Gas Pay 3568 (+875)		Tubing Depth 4436'			
Perforations 2 shots each @	4214, 4224, 4236, 4246, 4252, 4269, 4292, 4304, 4311, 4324, 4331, 4342, 4373, 4420 & 4428'				Depth Casing Shoe 4488'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		379'		250 sacks			
7-7/8"	4-1/2"		4490'		325 sacks			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 3-18-66	Date of Test 3-20-66	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 355	Oil-Bbls. 142	Water-Bbls. 213	Gas-MCF 17

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.
Form C-102 designating allocated acreage of 40 acres previously submitted with application to drill.

H. N. Brown (Signature)
District Superintendent (Title)
March 21, 1966 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.