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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE 0. C. C. AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-104 and C-1
Effective 1-1-65

FRANSPORTER   OIL	Lease No
DESCRIPTION OF FIG.	Lease No
PRORATION OFFICE   Corrector   Champlin Petroleum Company   Non-Operator: Warren American Oil Company   Other (Please explain)   Other (P	Lease No
Champlin Petroleum Company  Non-Operator: Warren American Oil Conditions  P. O. Box 872, Midland, Texas 79701  Reconfolis filing (Check proper box)  New Well Reconfolis filing (Check proper box)  New Mell Reconfolis filing (Check proper box)  Nong of ownership give name and address ownershi	Lease No
Champlin Petroleum Company  Non-Operator: Warren American Oll Company  Resent(s) for filing (check proper box)  Non-Operator: Warren American Oll Company  Resent(s) for filing (check proper box)  Non-Operator: Other (Please explain)  Non-Operator: Warren American Oll Company  Resent(s) for filing (check proper box)  Non-Operator: Other (Please explain)  Non-Operator: Othe	Lease No
Address P. O. Box 672, Midland, Texas 75701  Reson(5) for filing (Check proper box)  New Well  Reconpletion OII Dry Gas  Recompletion OII Dry Gas  Castingheed Gas X Condensate  If change of ownership give name and address of previous owner.  I. DESCRIPTION OF WELL AND LEASE  Leas Name  State 32-7-33 Q Chaveron-San Andres State, Federal or Fee State  State 32-7-33 Q Chaveron-San Andres State, Federal or Fee State  Leas Name  State 32-7-33 Q Chaveron-San Andres State, Federal or Fee State  Leas Name  State 32-7-33 Q Chaveron-San Andres State, Federal or Fee State  Leas Name  State 32-7-33 Q Chaveron-San Andres State, Federal or Fee State  Leas Name  State 32-7-33 Q Chaveron-San Andres State, Federal or Fee State  Leas Name  State 32-7-33 Q Chaveron-San Andres State, Federal or Fee State  Leas Name State State State State State, Federal or Fee State  Leas Name of Andress State State State, Federal or Fee State  In DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Andress State of Oil Z Or Condensate  Mobil Pipe Line Company  None of Andress State of Oil Z Or Condensate  Mobil Pipe Line Company  None of Andress State of Oil Z Or Condensate  Address (Give address to which approved copy of this form State Service Oil Company  None of Andress State Service Oil Company  None of Andress State Service Oil Company  Sart Less Service Oil Company	Lease No
P. O. BOX 672, Midland, Texas 79701  Reson(s) for filing (Check proper box)  New Well Casinghead Gas X  Change in Transporter of:  Cli Change in Ownership give name and address of previous owner  If change of ownership give name and address of previous owner  In DESCRIPTION OF WELL AND LEASE  Lease Name  State 32-7-33	· .
Reson(s) for filing (Check proper box)  New Well Change in Transporter of: Oil Dry Gas  Casinghead Gas X Condensate  If change of ownership give name and address of previous owner  I. DESCRIPTION OF WELL AND LEASE  Lease Name State 32-7-33 Well No. Pool Name, including Formation Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West  Line of Section 32 Township 7-S Range 33-E , NMPM, ROOSEVELT  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form Sond Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form Cities Service Oil Company  Nome of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form Cities Service Oil Company  Nome of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form Cities Service Oil Company  Nome of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form Cities Service Oil Company  Nome of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form Cities Service Oil Company  Nome of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form Cities Service Oil Company  Nome of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form Cities Service Oil Company  Nome of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form Cities Service Oil Company  Bax 1900	· .
Recompletion	· .
If change of ownership give name and address of previous owner    DESCRIPTION OF WELL AND LEASE	· .
If change of ownership give name and address of previous owner	· .
If change of ownership give name and address of previous owner  I. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, including Formation   Kind of Lease   State 32-7-33   9   Chaveroo-San Andres   State, Federal or Fee   State   Location   Unit Letter   F   1980   Feet From The   North   Line and   1980   Feet From The   West   Line of Section   32   Township   7-S   Range   33-E   , NMPM,   ROOSEVELT   I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil   Condensate   Address (Give address to which approved copy of this form   Mobil Pipe Line Company   Box 900, Dallas, Texas   Nome of Authorized Transporter of Castraphed Gas   Twp.   Rade   Rattlesville, Oklahoma   If well produces oil or liquids,   Unit   Sec.   Twp.   Rade   Is gas extually connected?   When   If well production is commingled with that from any other lease or pool, give commingling order number:  I. COMPLETION DATA   Designate Type of Completion - (X)   Date Spudded   Date Compl. Ready to Prod.   Total Depth   P.B.T.D.   Date Spudded   Date Compl. Ready to Prod.   Total Depth   P.B.T.D.   Elevations (DF, RKB, RT, GR, etc.)   Name of Producing Formation   Top Oil/Gas Pay   Tubing Depth   Perforatione   Tubing Casing Sho  **TUBING, CASING, AND CEMENTING RECORD   HOLE SIZE   CASING & TUBING SIZE   DEPTH SET   SACKS    **In this production is not	· .
I. DESCRIPTION OF WELL AND LEASE	· .
DESCRIPTION OF WELL AND LEASE   Lease Name	· .
Lease Name   State 32-7-33   9   Chaveroo-San Andres   State, Federal or Fee   State   Location	· .
State 32-7-33 9 Chaveroo-San Andres State, Federal or Fee State Location  Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West  Line of Section 32 Township 7-S Range 33-E , NMPM, ROOSEVELT  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate	· .
Line of Section   32   Township   7-S   Range   33-E   NMPM,   ROOSEVELT	<u>K-2734</u>
Unit Letter F 1980 Feet From The North Line and 1980 Feet From The West  Line of Section 32 Township 7-S Range 33-E , NMPM, ROOSEVELT  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Company Box 900, Dallas, Texas  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form Mobil Pipe Line Company Box 900, Dallas, Texas  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form Cities Service 011 Company Bartlesville, Oklahoma  If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When Yes Garden of tanks.  B 32 7-S 33-E Yes G-19-66  If this production is commingled with that from any other lesse or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS  OIL, WELL  Date First New Oil Run To Tanke Date of Test Producing Method (Flow, pump, gas life, etc.)  Length of Test  Tubing Pressure Casing Pressure Casing Pressure Chake Size	
Line of Section 32 Township 7-S Range 33-E , NMPM, ROOSEVELT  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil S or Condensate Address (Give address to which approved copy of this form Mobil Pipe Line Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form Cities Service Oil Company  Rartlesville, Oklahoma  It well produces oil or liquids, Unit Sec. Twp. Fige. Is as actually connected? When give location of tanks.  B 32 7-S 33-E Yes Governmented Service Oil Company  If this production is commingled with that from any other lesse or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Oute Spudded  Date Compl. Ready to Prod. Total Depth P.B.T.D.  Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved copy of this form Address (Give address to which approved	
Line of Section 32 Township 7-S Range 33-E , NMPM, ROOSEVELT  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Township or Condensate Address (Give address to which approved copy of this form BOX 900, Dallas, Texas  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form BOX 900, Dallas, Texas  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form Cities Service Oil Company  Rept lesville, Oklahoma  It well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks.  B 32 7-8 33-B Yes  6-19-66  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Tubing, CASING, AND CEMENTING RECORD  Tubing Depth P.B.T.D.  TUBING, CASING, AND CEMENTING RECORD  TUBING, CASING, AND CEMENTING RECORD  TUBING, CASING, AND CEMENTING RECORD  Address (Give address to which approved copy of this form address to which approved copy of this form and account and address to which approved copy of this form and account and address to which approved copy of this form and account and a	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil     Address (Give address to which approved copy of this form Mobil Pipe Line Company   Box 900, Dallas, Texas	_
Name of Authorized Transporter of Oil     or Condensate   Address (Give address to which approved copy of this form   Box 900, Dallas, Texas   Name of Authorized Transporter of Casinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form   Cities Service Oil Company   Address (Give address to which approved copy of this form   Cities Service Oil Company   Bartlesville, Oklahoma   Bartlesville, Oklahoma   If well produces oil or liquids, qive location of tanks.   B   32   7-S   33-E   Yes   6-19-66    If this production is commingled with that from any other lease or pool, give commingling order number:    COMPLETION DATA   Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same   Designate Type of Completion - (X)   Oate Spudded   Date Compl. Ready to Prod.   Total Depth   P.B.T.D.      Date Spudded   Date Compl. Ready to Prod.   Total Depth   P.B.T.D.     Perforations   Tubing Casing Formation   Top Oil/Gas Pay   Tubing Depth   P.B.T.D.     Perforations   Tubing Casing & Tubing Size   Depth Set   Sacks   Depth Casing Sho   Casing & Tubing Size   Depth Set   Sacks   Casing & Tubing Size   Depth Set   Sacks   Casing Formation   Depth Set   Casing Pressure	County
Name of Authorized Transporter of Oil     or Condensate   Address (Give address to which approved copy of this form   Box 900, Dallas, Texas   Name of Authorized Transporter of Casinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form   Cities Service Oil Company   Address (Give address to which approved copy of this form   Cities Service Oil Company   Bartlesville, Oklahoma   Bartlesville, Oklahoma   If well produces oil or liquids, qive location of tanks.   B   32   7-S   33-E   Yes   6-19-66    If this production is commingled with that from any other lease or pool, give commingling order number:    COMPLETION DATA   Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same   Designate Type of Completion - (X)   Oate Spudded   Date Compl. Ready to Prod.   Total Depth   P.B.T.D.      Date Spudded   Date Compl. Ready to Prod.   Total Depth   P.B.T.D.     Perforations   Tubing Casing Formation   Top Oil/Gas Pay   Tubing Depth   P.B.T.D.     Perforations   Tubing Casing & Tubing Size   Depth Set   Sacks   Depth Casing Sho   Casing & Tubing Size   Depth Set   Sacks   Casing & Tubing Size   Depth Set   Sacks   Casing Formation   Depth Set   Casing Pressure	
Mobil Pipe Line Company	to be sent)
Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Bartlesville, Oklahoma  Cities Service Oil Company  If well produces oil or liquids, give location of tanks.  B   32   7-S   33-E   Yes   Square actually connected? When Yes   Square actually connected? When Yes   G-19-66  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation  Tubing, CASING, AND CEMENTING RECORD  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS  TUBING OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Address (Give address to which approved copy of this form about the Abdress (Give address to which approved copy of this form about the Abdress (Give address to which approved to Partless of the Square actually connected?  When  Bartlesville, Oklahoma  Bartlesville, Oklahoma  Bartlesville, Oklahoma  Bartlesville, Oklahoma  Feg.  Is gas actually connected?  When  Square actua	·
Cities Service Oil Company  If well produces oil or liquids, only sec. Twp. Fige. Is gas actually connected? When give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Elevations (DF, RKB, RT, GR, etc.)  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS  V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size	to be sent)
If well produces oil or liquids, give location of tanks.  B   32   7-S   33-E   Yes   6-19-66  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Tubing Casing And Cementing Record  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure	•
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If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Elevations (DF, RKB, RT, GR, etc.)  Perforations  Tubing CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure	
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HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure	
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casanger  Casange	MENT
OII. WELL  Date First New Oil Run To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Case NCE	
OII. WELL  Date First New Oil Run To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Case NCE	
Oll. WELL  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Case MCE	
OIL WELL  Date First New Oil Run To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Case MCE	
OIL WELL  Date First New Oil Run To Tanks  Date of Test  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Casing Pressure  Casing Pressure	exceed top all
Length of Test Tubing Pressure Casing Pressure Choke Size	
Length of Test	
Length of Test	
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF	
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/	t <b>e</b>
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMIS	NC
LERIFICATE OF COMPLIANCE	
APPROVED	. , 19

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Walter Randolala	
District Clerk	
(Tile) March 14, 1967	

(Date)

APPROVED		19
ву	<b>\</b> .	
ВУ		
TITLE		

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

If this is a request for allowable for a newly drilled or deepend 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 only Sections I, II, III, and VI for changes of owne well name or number, or transporten or other such change of condition Separate Forms C-104 must be filed for each pool in multiple completed wells.