NO. OF CA IS PEC	EIVED	
DISTRIBUTI	ON	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROPATION OF	ICE	

Farallow

(Date)

M. N. INOM (Signature)

District Superintendent

April 11 1966

11.

III.

IV.

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALL BY AFFICE C. C. C.

AUTHORIZATION TO TRANSPORT OF AND NATURE GAS

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

GAS						
OPERATOR						
PRORATION OFFICE Operator						
Champlin Petroleus	e Crement	Man-A-a-			33 0	
Address	* Company	mer-cher	stor: Warren	AMPTICAL C	TT COMPANY	
P. O. Box 1797, 1	MAlana Paras	1				
Reason(s) for filing (Check proper	box)	)	0.	her (Please expla	· · · · · · · · · · · · · · · · · · ·	
New Well	•	ransporter of:	Or	mer (riease expla	n)	
Recompletion	Oil		Dry Gas			
Change in Ownership	Casinghead	Gas 🔲	Condensate			
f change of ownership give nam		·				
nd address of previous owner _			· · · · · · · · · · · · · · · · · · ·			
DESCRIPTION OF WELL AN	ID I FACE					
Lease Name	Lease No.	Well No. I	Pool Name, Including I	Formation	Kind of Lease	
State 32-7-33	K-2734	1 3	Chaverou-Ban		State, Federal or Fee	State
Location				· · · · · · · · · · · · · · · · · · ·		
Unit Letter;	Feet From T	he Burth	Line andLift	O Feet	From The	
Line of Section 32	Township 7-8		ge <b>33-8</b>	D.	omevelt	
zane or election	Township 1	Ran	ge 33-4	, NMPM,	ABO ARTP	County
ESIGNATION OF TRANSPO	RTER OF OIL AN	ID NATUR	AL GAS			
Name of Authorized Transporter of	Oil or Conde	ensate	Address (Giv		approved copy of this form is to	o be sent)
Magmolia Pipeline C			P. O. B	ox 900, Dal	lac, Texas	·
Name of Authorized Transporter of	Casinghead Gas	or Dry Gas	Address (Giv	e address to which	approved copy of this form is to	be sent)
	Unit Sec.	Twp, R	ge. Is gas actual	,		
f well produces oil or liquids, rive locan of tanks.	B 32	7-8	33-4 Vented	ly connected?	When	
this production is committed		<del>  •</del>				
this production is commingled OMPLETION DATA	with that from any of	iner lease or	pool, give comming	ling order numbe	f:	
Designate Type of Comple	tion (V)	ell Gas		Workover Deep	en Plug Back Same Res	v. Diff. Res
	<del></del>	!	X	į		1
Pate Spudded	Date Compl. Read	,	Total Depth		P.B.T.D.	
levations (DF, RKB, RT, GR, etc.	Name of Producing			180'	44731	
44429' DP	San Andre		Top Cil/Gas	(+889)	Tubing Depth	
Perforations 2 photo careh	# 4244, 4275	4201	298, 4319, 43	• •	Depth Casing Shoe	
4363, 4430,	4431, 4 44471				4470	
	TUBI	NG, CASING	, AND CEMENTING	RECORD		
HOLE SIZE		UBING SIZ	E D	EPTH SET	SACKS CEME	ENT
12-1/4"	8-5	7 /K 1/4		354	ENU BRICKS	
7-7/8"	4-1/	2		4460	32) sectos	
EST DATA AND REQUEST	FOR ALLOWABLE	(Tast mus	t he after recovery of	444-11		
IL WELL		able for t	his depth or be for ful	lotal volume of local 24 hours)	d oil and must be equal to or ex	ceed top allow
ate First New Oil Run To Tanks	Date of Test		Producing Met	hod (Flow, pump,	gas lift, etc.)	
4-3 <b>-66</b>	4-0-66	<b>)</b>	Pompi	.ng		
ength of Test	Tubing Pressure		Casing Pressu	ıre	Choke Size	
ctual Prod. During Test			<b>*************************************</b>	· · · · · · · · · · · · · · · · · · ·		
143	Oil-Bbls,		Water-Bbls.		Gas - MCF	
AS WELL						
ctual Prod. Test-MCF/D	Length of Test		Bbls. Condens	ate/MMCF	Gravity of Condensate	
				re	Choke Size	
esting Method (pitot, back pr.)	Tubing Pressure		Casing Pressu		Choke Size	
			Casing Pressur		Choke Size	
			Casing Pressu			<del></del>
CRTIFICATE OF COMPLIAN	NCE			OIL CONSE	RVATION COMMISSION	<del></del>
CRTIFICATE OF COMPLIAN	NCE regulations of the C	Dil Conserva	tion APPROVE	OIL CONSE		9
esting Method (pitot, back pr.)  ERTIFICATE OF COMPLIAN  ereby certify that the rules and nmission have been complied ye is true and complete to the complete	regulations of the C	afarmetian ai	tion APPROVE	OIL CONSE	RVATION COMMISSION	9

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 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.

## DEVIATION TESTS TAKEN ON STATE 32-7-33 #9 Unit-F, 1930', FML-A 1950' DEVIATION 32, T-7-S, R-33-E) Received County, New Mexico.

DEPTH	DEGRAES
2001	1/2
385'	7-
924'	3/4
1420'	1
19251	ī
24201	3/4
2932'	1-1/4
3238'	_ <u>_ 1</u> ′ ·
3567'	ī
38581	3/4
4074	1/2
42221	1/2
44801	3/4

COUNTY O	PMIDLAND
before m	E, the undersigned authority, on this day personally appeared
717	12/19/1/1 known to me to be the person whose name is
subscribe	ed to the foregoing and acknowledged to me that he executed the the purpose expressed.

STATE OF TEXAS

Given under my hand and seal of office this the 12th day of April A.D. 1966.

Notary Public in and for Midland County, Texas

## 33'N9 80 1 C1 H9A

200

and the second of the second o