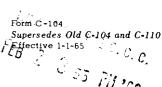
NO. OF COPIES REC	EIVED	i	
DISTRIBUTIO			
SANTA FE			
FILE			
L.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR			



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DISTRIBUTION	HEM WEXICO OIL C	CONSERVATION COMMISSION	Form C-104		
SANTA FE	REQUEST	FOR ALLOWABLE Supersedes Old C-104 and C-1			
FILE		AND	Effective 1-1-65		
L.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS Comment		
LAND OFFICE			AS 35 77 66		
TRANSPORTER OIL			$u_{\mathcal{O}}$		
GAS					
OPERATOR					
PRORATION OFFICE					
Operator					
Champlin Petroleum Com	pany Non-Operator:	Warren American Oil Co	moanv		
Address					
P. O. Box 1797, Midland	i. Texas				
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Ga	is			
Change in Ownership	Casinghead Gas Conder	nsate			
If change of ownership give name					
and address of previous owner					
II. DESCRIPTION OF WELL AND I	Lease No. Well No. Pool Na.	me, Including Formation	Kind of Lease		
		, -	State, Federal or Fee Federal		
	L NM 0554778 6 Chav	eroo-San Andres	state, reactar or rec Federal		
Location		7.70.5			
Unit Letter	Feet From The North; Lin	ne and <u>1980</u> Feet From T	The Rast		
Line of Section 29 Tow	rnship 7-8 Range 3	3-E , NMPM, ROOSEV	elt County		
\					
II. DESIGNATION OF TRANSPORT		IS			
Name of Authorized Transporter of Oil		Address (Give address to which approx	ped copy of this form is to be sent)		
Magnolia Pipeline Con		P. O. Box 900, Dallas	, Texas		
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approx	ped copy of this form is to be sent)		
		1			
	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en		
If well produces oil or liquids, give location of tanks.	J 29 7-8 33-E	Vented.			
L					
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	<u> </u>		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completion	n = (X)				
	46	Total Depth	P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	•			
1-11-66	1-30-66	44251	4419'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
4435 RKB	San Andres	4021 (+413)	43871		
Ferforations 2 shots each @	188, 4208, 4251, 4261,	4279, 4284, 4292, 4302,	Depth Casing Shoe		
2	1323, 4374, 4386, & 4392		43231		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12-1/4"	8-5/8"	3701	225 sacks		
7-7/8"	4-1/2"	44251	325 sacks		
1 1/2					
		1			
	DD ATTORIANTE		and must be equal to or exceed top allow		
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top attow		
Oll. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft. etc.)		
1-25-6 6	1-30-66	Swabbing Casing Pressure	Choke Size		
Length of Test	Tubing Pressure	Casing Pressure	Choke 5126		
24 hrs.	~~	**			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
204 bbls.	163	41	14.4		
-					
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		
County Manual Changes page 51.1					
		<u> </u>	TION CONTINCTON		
VI. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION		
			, 19		
I hereby certify that the rules and	regulations of the Oil Conservation		, 19		
Commission have been complied to	with and that the information given	1			
above is time and combined to the	hest of my knowledge and helief.	HY			
Form C-102 designating	e best of my knowledge and belief.	BY			
Form C-102 designating	e best of my knowledge and belief. allocated acreage of 40 ted with application to	TITLE			

VI

TIL	—···	
	H. N. Brown (Signature)	
	District Superintendent	
	January 31, 1966	
	(Date)	

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 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 TEST TAKEN ON LAUCK-FEDERAL #6 Unit=G, 1980' FAL & 1980' FEL, Section 29, T-7-8, R-33-E, Roosevelt County, New Mexico

DEFTH	DEGREES
173'	3/4
370'	ĭ
857'	3/4
1356'	1
1840'	3/4
23801	3/4
28921	3
3130'	3√4
34661	3/4
3732'	3/4
3930'	3/4
4071'	1/4
4201'	1/4
43201	1/2
44251	1/4

STATE	OF	TEXAS	endige the same						
COUNTY	OF	MIDIAND	- Trining to the state of the s						
BEFORE	ME, the	undersign	med auth	ority, o	m this (lay per	sonally	apper	wed
	road Ad	the forego	vrine with	action!) be the ledged to	person me th	whose :	name i xecute	a d
Given u A. D. l	mder my 1966.	hand and	seal of	office	this the	let	day of	Febru	игу
					6	DUES	12/21	Â.	
			Noter: Texas		in and	før 1	dland	0	ounty,