

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND HOBBBS OFFICE O. C. C. HOBBBS OFFICE O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAR 24 11 52 AM '66 MAR 29 11 45 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) Other (Please explain)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Farrell-Federal** Lease No. **NM 0108997** Well No. **1** Pool Name, Including Formation **Undesignated Chaveroo-San Andres** Kind of Lease **Federal**  
Location **R-3056**  
Unit Letter **A** ; **660** Feet From The **North** Line and **660** Feet From The **East**  
Line of Section **30** Township **7-S** Range **33-E** , NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**The Permian Corporation** Address (Give address to which approved copy of this form is to be sent) **P. O. Box 3119, Midland, Texas**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 **G** Sec. **30** Twp. **7-S** 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) **X** Oil Well **X** Gas Well **X** New Well **X** Workover **X** Deepen **X** Plug Back **X** Same Res'v. **X** Diff. Res'v. **X**  
Date Spudded **2-27-66** Date Compl. Ready to Prod. **3-16-66** Total Depth **4420'** P.B.T.D. **4418'**  
Elevations (DF, RKB, RT, GR, etc.) **4443' DF** Name of Producing Formation **San Andres** Top Oil/Gas Pay **3516 (+927)** Tubing Depth **4407'**  
Perforations **2 shots each @ 4173, 4181, 4193, 4222, 4239, 4250, 4278, 4309, 4367, 4372, & 4402'.** Depth Casing Shoe **4418'**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE **12-1/4"** CASING & TUBING SIZE **8-5/8"** DEPTH SET **373'** SACKS CEMENT **250 sacks**  
**7-7/8"** **4-1/2"** **4420'** **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 **274 bbls.** Oil-Bbls. **137** Water-Bbls. **137** Gas-MCF **19**

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 **MAR 23 1966**, 19\_\_\_\_\_  
BY **James H. ...**  
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 TESTS: DARTMOUTH CARRELL-FEDERAL #1  
Unit-A, 660' FAL & 660' FAL, Section 30  
T-7-S, R-33-E, Section 1, Township 10N, Range 33E, County, New Mexico.  
MAR 24 11 32 AM '66

DEPTH

MAR 29 11 46 AM '66

198'	1/2
371'	1/4
808'	1/4
1312'	1/2
1818'	1-1/2
1928'	1-1/4
2432'	1-1/4
2898'	1-1/4
3328'	1
3773'	1
3995'	3/4
4163'	1/2
4265'	1/4
4387'	3/4

STATE OF TEXAS

COUNTY OF MIDLAND

BEFORE ME, the undersigned authority, on this day personally appeared

W. J. Brown, known to me to be the person whose name is  
subscribed to the foregoing and acknowledged to me that he executed the  
same for the purpose expressed.

Given under my hand and seal of office this the 20th day of March  
A. D. 1966.

Opie Wood  
Notary Public in and for Midland County, Texas

MAY 25 11 25 AM '66  
 MAY 25 11 25 AM '66  
 MAY 25 11 25 AM '66