DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE DECLIEST FOR ALL OWARD F			E 0. C. C. Form C-104		
	REQUEST FOR ALLOWABLE, 9				
	U.S.G.S.	AND JUL 12 11 54 AN 66 feetive 1-1-65			
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER OIL					
	OPERATOR GAS				
1.	PRORATION OFFICE				
Operator					
	Champlin Petroleum Company Non-Operator: Larren American Oil Company				
P. O. Box 1797, Midland, Texas					
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Charge In Transporter of:			
	Recompletion Change in Ownership	Oil Dry Gas	75		
If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of L	ease Lease No.	
	Lauck-Federal	. 11 Chaveron-Can	i	deral or Fee Fodoral NMO55L778	
	Location				
	Unit Letter K; 1980 Feet From The South Line and 1980 Feet From The Wood				
	Line of Section 29	7-S	33-E Ro	osevelt County	
	,				
III. 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 for					
	Magnolia Pipelind Name of Authorized Transporter of Casinghead Gas T or Dry Gas Capitan, Inc.		Box 900, Dallas, Texas Address (Give address to which approved copy of this form is to be sent)		
			P. O. Box 19598, Dallas, Toxas		
	If well produces oil or liquids,	Unit Sec. Twp. Rge. 7-5 33-E	Is gas actually connected?	When 6-15-66	
	give idention of tunks.				
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:		
A V .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	, , , , , 	1		
	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			Depth Casing Shoe	
		TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to				oil and must be equal to or exceed top allow-	
OII. WELL able for this depth or be for full 24 hours)				s lift etc.)	
Date First New Oil Run To Tanks Date of Test Produc		Producting wathout it town pamp, as	,,, c.c.,		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water - Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.	wdter-Bbis.	GGB • MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSER	VATION COMMISSION	
			APPROVED		
	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. The complete to the best of my knowledge and belief.		Jail: William to		
			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.		