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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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 <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Farrell Federal	Well No. 8	Pool Name, Including Formation Chaveroo-San Andres	Kind of Lease State, Federal or Fee Federal
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Magnolia Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Capitan, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 19598, Dallas, Texas					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 30	Twp. 7-S	Rge. 33-E	Is gas actually connected? Yes	When 6-27-66

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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-3-66	Date Compl. Ready to Prod. 7-20-66	Total Depth 4465	P.B.T.D. 4463					
Pool Chaveroo	Name of Producing Formation San Andres	Top Oil/Gas Pay 4034	Tubing Depth 4405					
Perforations 4196 4196 - 4403			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8" 20#	367	250 - Circulated
7-7/8	4-1/2" 9.5#	4465	325

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 7-28-66	Date of Test 8-6-66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 30	Casing Pressure 60	Choke Size --
Actual Prod. During Test 133 barrels	Oil-Bbls. 25	Water-Bbls. 103	Gas-MCF 66.6

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.

B. F. Clave
(Signature)
Engineer
(Title)
August 23, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John R. Roney
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 Sections I, II, III, and VI only 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.