	NO. OF COPIES ACCEIVED DISTRIBUTION		DNSERVATION COMM ON	Form C -104 Supersedes Old C-104 and C-1
	FILE U.S.G.S.		AND NSPORT OIL AND NATURAL G	Effective 1-1-65
	LAND OFFICE			
	TRANSPORTER GAS			
١.	PRORATION OFFICE			
••	Operator Champlin Petroleum Company			
	Address 300 Wilco Building, Midland, Texas 79701			
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	
	Recompletion	Oil Dry Gas	F5 (
	Change in Ownership	Casinghead Gas 🗶 Conden	sate	
	If change of ownership give name and address of previous owner			
'n.	DESCRIPTION OF WELL AND I	Vell No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
	State "32 "	/ 15 Chaveroo Sar	1 Andres State, Federal	cr Fee State NM 10130
	Location Unit Letter L ; 198	0Feet From The <u>SOUTH_Line</u>	e and 660 Feet From 1	3934 Che Hest & K-2734
				·····
		mship 7-S Range	33-E , NMFM, ROOSE	velt County
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be Name of Authorized Transporter of Casinghead Gas Y or Dry Gas Address (Give address to which approved copy of this form is to be			
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give add Cities Service Company Box 300, TL			
-	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n
	give location of tanks.	1 132 7-5:33 E	give comminging order number:	11-28-76
IV.	If this production is commingled wit COMPLETION DATA	Oil Well Cas Well	New Well Workover Deepen	Plug Back Same Res'v. Difi. Res'
	Designate Type of Completio			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tep Oll/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			· · · · · · · · · · · · · · · · · · ·	
		DD ATTOWARTE (Test must be al	l Iter recovery of total volume of load oil	and must be equal to or exceed top allo
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excent able for this depth or be for full 24 hours) OIL WELL Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressue	Choke Size
			Water - Bble.	Gga - MCF
	Actual Prod. Duting Test	Oil-Bbla.	MG(61 + D)2101	
	GAS WELL	Length of Tost	Bbls, Condensate/MMCF	Gravity of Condensate
			Casing Prossure (Shut-in)	Choko Sizo
	Testing Mothod (pitot, back pr.)	Tubing Prossure (Shut-in)	·	
VI	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation			ALCONT .
	Commission have been complied w above is true and complete to the	mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.		2200 1177 1177
			TITLE	
	1.1. The 101		This form is to be filed in	compliance with RULE 1104.
	(Tule) January 25, 1978		If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviati- tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo- able 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 borns C-100 to the borntod for even word to rety	
			Completed wells.	