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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-101
Revised 1-1-65

FEB 7 9 23 AM

Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
NM 5144	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work			7. Unit Agreement Name		
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>			8. Farm or Lease Name		
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			State 5-8-33		
2. Name of Operator			9. Well No.		
Champlin Petroleum Company			2		
3. Address of Operator			10. Field and Pool, or Wildcat		
P. O. Box 1797, Midland, Texas			Chaveroo San Andres		
4. Location of Well			12. County		
UNIT LETTER A LOCATED 660' FEET FROM THE North LINE			Chaves		
AND 660' FEET FROM THE East LINE OF SEC. 5 TWP. 8 RGE. 33 NMPM					
19. Proposed Depth			19A. Formation		20. Rotary or C.T.
4500'			San Andres		Rotary
21. Elevations (Show whether DF, RT, etc.)		21A. Kind & Status Plug. Bond	21B. Drilling Contractor		22. Approx. Date Work will start
4417 GR		Statewide Blanket Drilling Bond	Sitton and Norton		November 24, 1965
		\$25,000.00	Drilling Company		

23.

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	20# H-40	350'	225	Circulate
7-7/8"	4-1/2"	9.5# J-55	4500'	300	Approx. 3500'

Blow Out Preventor Program:

We intend to use a Series 900 Shaffer double hydraulic Blow Out Preventer with blind rams and pipe rams.

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EX-105
5/8/65

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed H. N. Brown Title District Superintendent Date November 19, 1965

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: