	NO. OF COPIES PECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S.	REQUEST I	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-1D4 Supersedes Old C-105 and C-1 Effective 1-1-65 AS
1.	LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE Operator			
	Champlin Petroleum Company			
300 Wilco Building, Midland, Texas 79701				
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Flease explain)	
	Recompletion	Oil Dry Gas Casinghead Gas X Conden		
	Change in Ownership			
	If change of ownership give name and address of previous owner	<u></u>		·····
11.	II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease			
	Lease Name State "5-A" 2 Chaveroo San Andres State, Federal or Fee State NM 2019			
	Location Unit Letter D; 660 Feet From The North Line and 660 Feet From The Hest			
	Unit Letter;;			·····
	Line of Section 5 Tow	mship 8-S Range	33-Е , ммрм,	CHAVES County
Ш.	DESIGNATION OF TRANSPORT			
	Neme of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
	Cities Service Compa	Unit Sec. Twp. P.ge.	Box 300, Tulsa, Oklahom Is gas actually connected?	n ,
	If well produces oil or liquids, give location of tanks.	0 5 8-5 33-E		6-19-76
IV	If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA			
•••	Designate Type of Completio	on - (X)	New We)) Workover Doepen	Plug Back Same Resty, Diff. Resty
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tep Oil/Gas Pay	Tubing Depth
·		· · · · · · · · · · · · · · · · · · ·	l	Depth Casing Sho s
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SILE			
				· · · · · · · · · · · · · · · · · · ·
				j
v.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equa- able for this depth or be for full 24 hours) OII. WELL [Date of Test] [Date of Test]			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Plow, Pump, gas in	(, c.c.)
	Length of Test	Tubing Pressure	Casing Pressure	Choko Sizo
	Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gas-MCF
	Actual Floar Daring 1001			
	GAS WELL			·
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Mothod (pitot, back pr.)	Tubing Prossure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			OIL CONSERVA	TION COMMISSION
			APPROVED	, , , , , , , , , , , , , , , , , , , ,
		with and that the information given best of my knowledge and belief.	BYOrtg. Sipped 1	}y
			TITLE Jerry Sectors	
	Walte Willing Sinnere) District Clerk		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation well, this form must be accordance with RULE 111.	
			If is a second of this form the	at pa tilled one compression to strot
	January 2	5, 1978	Fill out only Sections I. II	. III, and VI for changen of owne
		s;e)	Well name of number, or transport	en er stælige sach arritike reliefe

If completed wells,