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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS '66

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

I. Operator **Champion Petroleum Company** Non-Operator: **Warren American Oil Company**  
Address **P. O. Box 1797, Midland, Texas**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State 5 "A"</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Chaveroo San Andres</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>K-2019</b>
Location <b>Chaveroo-San Andres R-3080</b>				
Unit Letter <b>D</b> : <b>660</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b>				
Line of Section <b>5</b> Township <b>8 - S</b> Range <b>33 - E</b> , NMPM, <b>Chaveroo</b> 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"/> <b>The Pegasus Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 3119, Midland, Texas</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>5</b>	Twp. <b>8-S</b>	Rge. <b>33-E</b>
	Is gas actually connected? <b>Vented</b> When			

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 <b>April 28, 1966</b>	Date Compl. Ready to Prod. <b>May 17, 1966</b>		Total Depth <b>4435</b>		P.B.T.D. <b>4433</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4433 OH</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>4074 (+376)</b>		Tubing Depth <b>4413</b>			
Perforations <b>2 shots each at 4211, 4237, 4263, 4295, 4308, 4317, 4324, 4332, 4352, 4400</b>					Depth Casing Shoe <b>4433</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12-1/4</b>	<b>8-5/8" 20#</b>		<b>367</b>		<b>250 sacks circulated</b>			
<b>7-7/8</b>	<b>4-1/2" 9.5#</b>		<b>4435</b>		<b>305 sacks</b>			

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 <b>May 16, 1966</b>	Date of Test <b>May 16, 1966</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Swabbing</b>	
Length of Test <b>24 hours</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>118</b>	Oil-Bbls. <b>74</b>	Water-Bbls. <b>74</b>	Gas-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

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.

Form C-102 designating allocated acreage of **40** acres previously submitted with application to drill. **H. N. Brown** *H. N. Brown*  
(Signature)

**District Superintendent**  
(Title)

**May 18, 1966**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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.

NOTES OFFICE O. C. C.

**DEVIATION TESTS TAKEN ON STATE 5"A" No. 2**  
**State Unit-D, 660' FRL & 660' FWL, Section 68,**  
**T-8-S, R-33-E, Chavez County, New Mexico.**

<u>DEPTH</u>	<u>DEGREES</u>
370'	1/2
934'	1/2
1390'	3/4
1904'	3/4
2350'	1/4
2410'	1/4
2907'	1
3153'	1-1/2
3347'	2
3662'	1
3933'	1/4
4087'	1/2
4267'	3/4
4385'	1/4
4435'	1/4

STATE OF TEXAS

COUNTY OF MIDLAND

BEFORE ME, the undersigned authority, on this day personally appeared

H. V. BROWN, known to me to be the person whose name is  
subscribed to the foregoing and acknowledged to me that he executed  
the same for the purpose expressed.

Given under my hand and seal of this office this the 18th day of May  
A.D. 1966.

*James Wood*  
NOTARY PUBLIC in and for MIDLAND County, Texas