	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65	
I.	OPERATOR PRORATION OFFICE Operator				
	Union Pacific Resources Company				
	Address 1400 Smith Street, Suite 1500, Houston, TX 77002				
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)		
	Recompletion	Oil Dry Gas Casinghead Gas Condens	Company name	change only.	
	Change in Ownership	f change of ownership give name Champlin Petroleum Company, 1400 Smith St., #1500, Houston, TX			
	address of previous owner Champlin Petroleum Company, 1400 Smith St., #1500, Houston, 1A				
U.	DESCRIPTION OF WELL AND L	EASE Well No. Poci Name, Including For	mation Kind of Lease	Lease	
	State "6"	7 Chaveroo (Sa	n Andres) State, Federal c	Fee State NM K-2779	
	Location Unit Letter G	1980 eet From The North Line	and <u>1980</u> Feet From The	East	
				ChavesCourte	
		<u> </u>			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				l copy of this form is to be sent;	
	Mobil (i be line) Name of Authorized Transporter of Dasinghead Gas x or Dry Gas Address Give address to which approved copy of this form is to be sent,				
	Cities Service Comp	bany	Box 300, Tulsa, OK 7		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. F 6 8-S 33-E	Yes	2-8-67	
	If this production is commingled wit	h that from any other lease or pool, g	ive commingling order number:	······	
IV.	COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Filg Back Same Fest's Diff. Fest's				
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded			Turing Depto	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation			
	Perforations	Perforations			
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
v		ST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allou able for this depth or be for full 24 hours)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift.	, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Oll-Bbls.	Water - Bbls.	Gae • MCF	
	Actual Prod. During Test	011-B245.			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
				TION COMMISSION	
VI	I. CERTIFICATE OF COMPLIANCE		APPROVED OCT 20 1987		
		by certify that the rules and regulations of the Oil Conservation ission have been complied with and that the information given is true and complete to the best of my knowledge and belief.			
	above is true and complete to th	e best of my knowledge and belief.	BY Eddie W. Sedy TITLE Oil & Gas inspector 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 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.		
	N .				
	Thai	eyn Nay			
	(Sig	nagure;			
	(7	Technical Aide			
September 23, 1987 (Date)			Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of conditio Separate Forms C-104 must be filed for each pool in multip completed wells.		

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