us as control profiture	<del>-</del> 7		1608.50 e.
NO. OF COPIES RECEIVED	_		1100000
DISTRIBUTION		CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	HUG / Supersides Old C-104 and C-11
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR	<u> </u>		
I. PRORATION OFFICE			<u> </u>
Operator Champlin Petro	leum Company		
Address			
Reason(s) for filing (Check proper bo	Midland, Texas	Other (Please explain)	
New Well	Change in Transporter of:	Since (1 source 2007-100)	
Recompletion	Oil Dry G	as [	
Change in Ownership		ensate	
Change in Ownership			
If change of ownership give name and address of previous owner			
•			
II. DESCRIPTION OF WELL AND	LEASE Well No.: Pool N	ame, Including Formation	Kind of Lease
State "6"		eroo-San Andres	State, Federal or Fee State
Location	11 2717		
	OSO North	1080	Fast
Unit Letter G; 1	980 Feet From The North Li	ne and 1900 Feet From	The Base
	Cownship 8-S Range 3	3-E , NMPM, Char	7es County
Line of Section 6 , T	ownship 0=5 Range 3	)-13 , NOPM, 3:14.	
II. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS (C)	roved copy of this form is to be sent)
The Permian Corporat		P.O. Box 3119, Midland	roved copy of this form is to be sent)
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give daaress to which app	robed copy of this form is to be demy
		1)	/hen
If well produces oil or liquids,	Unit Sec. Twp. Rge. F 6 8-S 33-E	Is gas actually connected?	
give location of tanks.			
	with that from any other lease or pool	, give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v
Designate Type of Complet	X = X	X	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-16-66	8-3-66	4415	4413
Pool	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
14469 RKB	San Andres	4059	4376
Perforations 2-3/8" holes	each @ 4166, 4196, 4218	, 4247, 4279, 4289 <b>,</b> 433	Depth Casing Shoe
1-3/8" holes each @	4176, 4206, 4300, 4308,	4314, 4321	4413
		ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
$12\frac{1}{4}$	8-5/8" 20#	366	250 sacks Circulated
7-7/8	4½" 9.5#	4415	325 sacks
V. TEST DATA AND REQUEST			il and must be equal to or exceed top allow
OIL WELL	able for this c	lepth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tift, etc.)
8-12-66	8-12-66	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	20	50	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
179	19	160	21.7
CAC WELL			
GAS WELL		122	To-10-4 C 1
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
	Length of Test  Tubing Pressure	Bbis. Condensate/MMCF  Casing Pressure	Gravity of Condensate  Choke Size
Actual Prod. Test-MCF/D	Tubing Pressure	Casing Pressure	

This form is to be filed in compliance with RULE 1104.

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.

(Title)

(Date)

Engineer

August 22, 1966

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.

1 1116

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition. Senarate Forms C-104 must be filed for each pool in multiply completed weils.