	NO. OF COPIES *CCEIVED       DISTRIBUTION       SANTA FE       FILE       U.S.G.S.       LAND OFFICE       IRANSPORTER       OIL       GAS		DNSERVATION COMM FOR ALLOWABLE AND NSPORT OIL AND N	•	Form C-104 Supersedes Old Effective 1-1-65	
1.	OPERATOR PRORATION OFFICE					
	Champlin Petroleum Company					
	Address 300 Wilco Buildir Reason(s) for filing (Check proper box)	n <mark>g, Midland, Texas 79</mark> 70	Other (Please	explain)	<u> </u>	
	Reason(s) for filing (Creck proper usay       New We!I       Recompletion       Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden	s			
	If change of ownership give name and address of previous owner					<u></u>
11.	DESCRIPTION OF WELL AND I Lease Name Signal State	Vell No. Pool Name, Including Fo 2 Chaveroo San		Kind of Lease State, Federal or Fe	* State NM	Lease No. 00-528
	Location Unit LetterB; 660 Feet From TheNorth_Line and1980 Feet From TheFast					
	-	mship 8-S Range	32-Е , ммрм	<u>.</u>	CHAVES	County
<b>1</b> 11.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS          Name of Authorized Transporter of Oil or Condensate       Address (Give address to which approved copy of this form is to be sent)					
	Name 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 Company         Unit       Sec.         Twp.       'Rge.         Is gas actually connected?					
	If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number:					
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order		Back Same Res	v. Dill. Besty
	Designate Type of Completio	n - (X)	Total Depth	P.B.	.T.D.	,
	Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oli/Gas Pay	Tub	ing Depth	. <u></u>
					Depth Cesing Shoe	
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
			· · ·			
v.	TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exc able for this depth or be for full 24 hours)         OIL WELL       Date of Test         Date First New Oil Run To Tanks       Date of Test    Producting Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Cho	ko Sizo	
	Actual Prod. During Test	Oil-Bbls.	Wator - Bbls. Gae		ae - MOF	
	GAS WELL Bile Condepante AVCE Growity of Condepante					
	Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMC		·	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shat		0k9 Siz <del>9</del>	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
	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.		Orig. Signed by       BY     Jerry Section       Diat l. Supv.			
L	January 25	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation to us taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow table on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of condition well name or number, or transporter, or other such change of condition for each of Const. Const. 10. (Ded for each provide the deviation)				
			the completed wella.			