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LAND OFFICE	
TRANSPORTER — OIL	
TRANSPORTER — GAS	
OPERATOR	
PRORATION OFFICE	

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

RECEIVED O. C. C.
FEB 27 9 39 AM '67

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I.

Operator
Champlin Petroleum Company

Address
P. O. Box 1797, Midland, Texas

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ]
Casinghead Gas [ ]
Dry Gas [ ]
Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Signal-State	4	~~Undesignated~~ Chaveroo-San Andres R-3205	State, Federal or Fee: State	00-528

Location
Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West

Line of Section 1 Township 8-S Range 32-E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Mobil Pipe Line Company

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 900, Dallas, Texas

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]
Cities Service Oil Company

Address (Give address to which approved copy of this form is to be sent)
Bartlesville, Oklahoma

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	1	8-S	32-E	Yes	2-9-67

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-28-67	2-16-67	4335	4320

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4483 RKB	San Andres	4208	4032

Perforations
1 - 1/2" hole at 4208, 4210, 4244, 4286, 4288, 4290, 4292

Depth Casing Shoe
4333

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8" 20#	372	200
7-7/8	4-1/2" 9.5#	4335	350
	2-3/8" O.D.	4032	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-22-67	2-23-67	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	40 psig	50 psig	--
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
187	69	118	28.8

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.

(Signature)
Engineer
(Title)
2-24-67
(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.