

DISTRIBUTION			
SANTA FE			
FILE			
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

I. OPERATOR
Operator
Champlin Petroleum Company
Address
701 Wilco Building Midland, Texas 79701

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 Levick "1" State	Well No. 2	Pool Name, including Formation Chaveroo - San Andres	Kind of Lease State, Federal or Fee State	Lease No. B 8638
Location Unit Letter F ; 1980 Feet From The North Line and 1980 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900 Dallas, Texas 75221			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 G	Sec. 1	Twp. 8-S	Rge. 32-E
	Is gas actually connected? Yes 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 1-2-76	Date Compl. Ready to Prod. 1-31-76		Total Depth 4460		P.B.T.D. 4429			
Elevations (DF, RKB, RT, CR, etc.) 4469 DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 4203		Tubing Depth 4414			
Perforations 4203-4331					Depth Casing Shoe 4459			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		396		450			
7-7/8"	4-1/2"		4460		215			
4-1/2" casing	2-3/8"		4414					

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 1-31-76	Date of Test 2-8-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 60	Casing Pressure 60	Choke Size
Actual Prod. During Test	Oil-Bbls. 74	Water-Bbls. 14	Gas-MCF 49

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.

Walter W. Pauls
(Signature)
District Clerk
(Title)
February 17, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19
BY *[Signature]*
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepens 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 Form C-104 must be filed for each pool in multiple.