	NO. OF COPIES RECEIVED			
-	DISTRIBUTION			
	SANTA FE			
	FILE			
	U.S.G.S.			
	LAND OFFICE			
	IRANSPORTER	OIL		
		GAS		
	OPERATOR			
1.	PRORATION OFFICE			

-	NO. OF COPIES RECEIVED		. —					
į	DISTRIBUTION	NEW MEXICO OU C	ONSERVATION COMMISSION	Free C 101				
	SANTA FE	1	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11				
	FILE	KEQUE31	AND	Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA						
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURA	L GAS				
	OIL							
	TRANSPORTER							
	GAS							
	OPERATOR	1						
1.	PRORATION OFFICE							
	Operator Champlin Petroleum Company Address							
	701 Wilco Building M		Other (Please explain)					
	Reason(s) for filing (Check proper box)		Office (Freuse explain)					
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Ga	一一					
	Change in Ownership	Casinghead Gas Conden	asate					
	If change of ownership give name and address of previous owner							
17	DESCRIPTION OF WELL AND I	FASE						
•••	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of L	ease Lease No.				
	Cianal-State	6 Chaveroo-San	Andres State, Fed	deral or Fee State OG-528				
	Signal-State	0 dilaveros bair	Tillatoo					
	7 100	0 South	a and 1980 Feet Fr	em The East				
	Unit Letter J; 1980	O Feet From The South Lin	e and 1900 Feet Fr	om The				
	Line of Section 1 Tow	mship 8-S Range	32-Е , ммрм, С	naves County				
***	DESIGNATION OF TRANSPORT	TED OF OU AND NATURAL GA	a c	•				
HA.		PESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		proved copy of this form is to be sent)				
			Boy 900 Dallas Tev	Box 900, Dallas, Texas 75221				
	Mobil Pipe Line Company	Mobil Pipe Line Company Name of Authorized Transporter of Casinghead Gas 😿 or Dry Gas 🗍		Address (Give address to which approved copy of this form is to be sent)				
	Cities Service Oil Company		Bartlesville, Oklahor	Ma When				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.						
	give location of tanks.	B 1 8-S 32-E	Yes	7-29-76				
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completio	Oil Well Gas Well	1	Plug Back Same Nes V. Ditt. Nes V.				
	Designate Type of Completto	1 A	X :					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	7-3-76	7-29-76	4425	4316				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	4446 GR	San Andres	4193	4425				
	Perforations			Depth Casing Shoe				
	4193-4286'	4425						
	1133 1230	TUBING, CASING, AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	123" @ 1504 & 11"@1899"	8-5/8"	1899	950				
	123 @ 1504 @ 11 @1055	3-27-0						
	7 7/011	4-1/2"	4425	250				
	7-7/8"	4-1/2	1					
			£	oil and must be equal to or exceed top allow				
V.	TEST DATA AND REQUEST FO	JR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load epth or be for full 24 hours)	Oil and must be equal to breaked top asson				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	is lift, etc.)				
	7-31-76 8-2-76 Length of Test Tubing Pressure		Pump Casing Pressure	Choke Size				
	Zangin of Tal							
	24 hrs.	60	Water-Bbls.	Gas-MCF				
	Actual Prod. During Test	Oil-Bbis. 60	water-BDIS.					
	75							
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
			Casing Pressure (Shut-in) Choke Size					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)						
			OIL CONSE	NATION COMMISSION				

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.

District Clerk

(Title)

August 3, 1976

(Date)

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	TO DITOR	TOTRICT !

TITLE SUPERVISOR DISTRICT

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.

WELL CONSTRUCTION OF THE CONTROL OF THE CONSTRUCTION OF THE PROPERTY OF THE CONTROL OF THE CONTR