	NO. OF COPIES FECEIVED DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-105 and C-1 Effective 1-1-65
	FILE       U.S.G.S.       LAND OFFICE       TRANSPORTER       GAS	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G.	AS
1.	OPERATOR PRORATION OFFICE			
	Champlin Petrole			
-	Address 300 Wilco Building, Midland, Texas 79701			
Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well Recompletion	Oil Dry Gas	<b>F</b> 1	
	Change in Ownership	Casinghead Gas 🗶 🛛 Conden	sate	
	If change of ownership give name and address of previous owner		·	
n.	DESCRIPTION OF WELL AND I	Vell No. Pool Name, Including Fo	trmation Kind of Lease	Lease No.
	Lease Name State 5-8-33	7 Chaveroo San A	1	cr Fee State NM 5144
	Location T 1090	Nonth	e and 660 Feet From T	he Hest
		Feet From The North Line		
	Line of Section 5 Tow	nship 0-3 Range	33-Е , ммрм,	- CHAVES County
III.	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 Cas Cities Service Compan		Address (Give address to which approv BOX 300, Tulsa, Oklahom Is gas actually connected?	a 74102
	If well produces oil or liquids, give location of tanks.	A 5 8-5 33-E	Thes	6-30-76
IV.	If this production is commingled wit COMPLETION DATA	Oil Well Gas Well		Plug Back   Same Resty, Diff. Resty
	Designate Type of Completio	n — (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
				Depth Casing Shop
	Perforations			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				· · · · · · · · · · · · · · · · · · ·
<b>N</b> /	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to; abla for this depth or be for full 24 hours)			
V. TEST DATA AND REQUEST FOR ALLOWADDD       able for this depth or be for full 24 hours)         OIL WELL       able for this depth or be for full 24 hours)         Date First New Oil Run To Tanks       Date of Test         Producing Method (Flow, pump, gas lift, etc.)				
		Tubing Pressure	Casing Piessure	Choko Sizo
	Length of Test		Wgter-Bbls.	Gas-MCF
	Actual Prod. During Test	Oll-Bbls.		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Mothod (pitot, Each pr.)	Tubing Prosoure (Shut-in)	Cosing Pressure (Shut-3.2)	Choke Size
VI.	I. 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.		APPROVED 19 19	
			BY LATTY SCALE	
			TITLE Dist 2 Set	
			This form is to be filed in compliance with AULE 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 AULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells.	
			Fill out only Sections I, II, III, and VI for changes of office will nome or number, or transporter, or other such change of conditio	
			Wern mane of the second provide provide the fitter for each pool in centric to complete wells.	