NO. OF TOPIES RECEIVED			
NOITUBIRTEID			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

	SANTA FE	Į.	FOR ALLOWABLE	Supersedes Old C-104 and C-116						
	FILE		AND	Effective 1-1-65						
	u.s.g.s.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	AS.						
	LAND OFFICE		110, 011, 012, 1110, 111, 101, 12, 01							
	OIL									
	TRANSPORTER GAS									
	OPERATOR	1								
1.	PRORATION OFFICE	·								
••	Operator									
	Champlin Petroleum Com Address	pany								
	300 Wilco Building M	idland, Texas 79701								
	Reason(s) for filing (Check proper box)		Other (Please explain)							
	New Well	Change in Transporter of:								
	Recompletion	Oil Dry Go	ıs 🔲							
	Change in Ownership	Casinghead Gas Conder	nsate							
	If change of ownership give name and address of previous owner									
11.	DESCRIPTION OF WELL AND I	LEASE								
	Lease Name	Well No. Pool Name, Including F	•	Lease No.						
	State 5-8-33	5 Chaveroo-San A	Andres State, Federal	or Fee State K-3351						
	Location									
	Unit Letter G; 19	80 Feet From The North Lin	ne and 1980 Feet From Ti	he East						
	Line of Section 5 Tow	mship 8-S Range 3	33-E , NMPM, Chave	es County						
III.	DESIGNATION OF TRANSPORT		Address (Give address to which approve	ed conv of this form is to be sent!						
	Name of Authorized Transporter of Oil	x or Condensate								
	Mobil Pipe Line Compan	У	Box 900 Dallas, Texas Address (Give address to which approve	75221						
	Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Address (Give agaress to which approve	ed copy of this form is to be sent;						
	Cities Service Oil Com		Bartlesville, Oklahoma							
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When							
	give location of tanks.	G 5 8-S 33-e	Yes	9-15-76						
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:							
	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completion	on - (X)		Frag Back Baine Hes (1 Bill 165 Vi						
	L	<u></u>	X Transl Don't	P.B.T.D.						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth							
	8-25-76	9-15-76	4525	4484 Tubing Depth						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay							
	4435 GR	San Andres	4223	4408 Depth Casing Shoe						
	Perforations			Dopin Garing since						
	-	TUDING CASING AND	D CEVENTING DECORD							
		T	D CEMENTING RECORD DEPTH SET	SACKS CEMENT						
	HOLE SIZE	CASING & TUBING SIZE		850						
	12½"@1150',11" @ 1940'	8-5/8" 4-1/2"	1938	250						
	7-7/8"		4525 4408	None						
	4-1/2" csg.	2-3/8"	4400	None						
V.		OR ALLOWABLE (Test must be a able for this di	after recovery of total volume of load oil a epth or be for full 24 hows)	na must be equal to or exceed top dilow-						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)						
	9-17-76	9-19-76	Pump							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size						
	24 hour		65							
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF						
		70	173	81						
	·									
	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						
w.,	CERTIFICATE OF COMPLIAN	CF	OIL CONSERVA	TION COMMISSION						
V1.	CERTIFICATE OF COMPETAN	CE	APPROVED							
	and the state of the same and the	-nowletions of the Oil Conservation								
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		- Day North							
above is true and complete to the best of my knowledge and belief.		BY ALLEY SERIOR								
	10 th 2 10 k		TITLE SUPERIOR DESTRICT 1 This form is to be filed in compliance with RULE 1104.							
District Clerk		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 accompleted wells.								
						(Title) September 21, 1976		able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,		
								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.		
(Date)		Secreta Forms C-104 must be filed for each pool in multiply								

Separate Forms C-104 must be filed for each pool in multiply nieted wells.

SECTEDATED

CIL CONSERVATION COMM.