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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.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-110
Effective 1-1-65

I. Operator
Champlin Petroleum Company
Address
300 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)
CASINGHEAD GAS MUST NOT BE
FILED AFTER 2/1/77
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Conoco "14" State Well No. 1 Pool Name, Including Formation Undesignated-San Andres Kind of Lease State, Federal or Fee State Lease No. LG-1319
Location
Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West
Line of Section 14 Township 8-S Range 32-E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Pipe Line Company - Trucks Address (Give address to which approved copy of this form is to be sent)
Box 900- Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit D Sec. 14 Twp. 8-S Rge. 32-E Is gas actually connected? 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 11-24-76 | Date Compl. Ready to Prod. 1-4-77 | Total Depth 4506' | P.B.T.D. 4370' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4462' GL | Name of Producing Formation San Andres | Top Oil/Gas Pay 4224' | Tubing Depth 4341' | | | | | |
| Perforations 4224-4294' | Depth Casing Shoe 4505' | | | | | | | |

| | | | |
|--------------------------------------|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12-1/4" | 8-5/8" | 1848' | 850 |
| 7-7/8" | 4-1/2" | 4506' | 300 |

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 1-11-77 | Date of Test 2-27-77 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 Hrs. | Tubing Pressure 60 | Casing Pressure 60 | Choke Size |
| Actual Prod. During Test | Oil-Bbls. 3 | Water-Bbls. 158 | Gas-MCF 2 |

GAS WELL

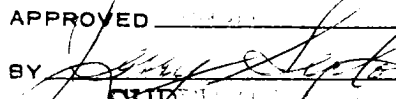
| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (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)
District Clerk
(Title)
3-4-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE SUPERVISOR, DISTRICT I

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.