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

	SANTA FE FILE U.S.G.S. LAND OFFICE		ONSERVATION COMMIS FOR ALLOWABLE AND NSPORT OIL AND NA		Form C-104 Supersedes Old Effective 1-1-65	C-104 and C-110
1.	TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator					
	Champlin Petroleum Co	ompany				
	Address  300 Wilco Building  Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership	Midland, Texas 79701	771	xplain)		
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND I Lease Name State 5-8-33	Well No. Pool Name, Including Fo		(ind of Lease State, Federal or Fee	State	Lease No. K-3351
	Location State 3-0-33					
;	Unit Letter N; 66	O Feet From The South Line	and 1980	Feet From The W	est	
	Line of Section 5 Tow	mship 8-S Range 33	-E , NMPM,	Chaves		County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS  Or Condensate	Address (Give address to	which approved copy	of this form is to	be sent)
	Mobil Pipe Line Comp	any	Box 900, Dallas	, Texas 7522	1	he centi
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which approved copy of this form is to be sent)  Bartlesville, Oklahoma			
	Cities Service Oil C	Unit Sec. Twp. Rge.	Is gas actually connected			
	give location of tanks.	G   5   8-S   33-E	Yes	12-19	-76	
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, (				
	Designate Type of Completio	n – (X) X	New Well Workover	i I i I	Back   Same Res	v. Diff. Res.v.
	Date Spudded 11-15-76	Date Compl. Ready to Prod. 12-19-76	Total Depth 4515	P.B.T	4494	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San Andres	Top Oil/Gas Pay 4223	Tubin	g Depth 4421	
	4439 GR	San Andres	4223	Depth	Casing Shoe	
	4223 - 4372				4508	
		TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT		ENT		
	HOLE SIZE 12-1/4"	8-5/8"	1926		850	
	7-7/8"	4-1/2"	4509		300	
	4-1/2" casing	2-3/8"	4421			
v.		A AND REQUEST FOR ALLOWABLE  (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)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,		· <del>- · · · · · · · · · · · · · · · · · ·</del>	
	12-20-76	12-27-76	Pump	- Char	e Size	
	Length of Test	Tubing Pressure	Casing Pressure	Chore	9 2124	
	24 hours Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-	MCF	
		33	160		37	
	CAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravi	ty of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Chok	e Size	.,,
VI.	CERTIFICATE OF COMPLIAN	CE	OIL C	PHISERVATION	OMMISSIO	N
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			APPROYED	- Ser-	<i></i>	19
			TITLE DETT. CON DISTRICT ?			

## VI.

Mut market
(Signature)
District_Clerk
(Title)

December 29, 1976

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.