

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I.

Operator  
**MURPHY OPERATING CORPORATION**

Address  
**P. O. Drawer 2648, Roswell, New Mexico 88202-2648**

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Change effective April 1, 1988

If change of ownership give name and address of previous owner Merlin Exploration, Inc., P. O. Box 3164, Tulsa, Oklahoma 74119

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	State	Lease No.
STATE TRACT "C"	2	Chaveroo San Andres		State	K-527
Location					
Unit Letter <u>A</u>	<u>660</u>	Feet From The <u>North</u> Line and	<u>660</u>	Feet From The <u>East</u>	
Line of Section <u>2</u>	Township <u>8 South</u>	Range <u>33 East</u>	, NMPM, <u>Chaves</u>		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Mobil Pipeline Company</u>	<u>P. O. Box 900, Dallas, TX 75221</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Cities Service Oil &amp; Gas OXY NGK Inc</u>	<u>P. O. Box 300, Tulsa, OK 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>2</u>
	Twp. <u>8S</u>	Rge. <u>33E</u>
	Is gas actually connected? <u>Yes</u> When _____	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Melinda K. Hickman  
Melinda K. Hickman (Signature)  
Production Supervisor  
(Title)

April 28, 1988  
(Date)

OIL CONSERVATION DIVISION  
APPROVED MAY 6 - 1988, 19 \_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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 conditions.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res't
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

V. TEST DATA 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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure		Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)		Choke Size

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