Subthit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 State of New Mexico

RE cray, Minerals and Natural Resources Departret

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210			ONSERV. P.O. 1	ATION I	DIVISIO	ON		at Botto	om of Page	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	SEP 21 '8		ta Fe, New N	Mexico 875						
I.	RTESIA, OFFI	KOD TRAI	R ALLOWA	BLE AND NA	AUTHOR	IZATION				
Operator Murchison Oil & Gas, Inc.					Well API No.					
Address										
717 N. Harwood Reason(s) for Filing (Check proper box)	Street,	Suite 2	2500, Lock	Box 86,	Dallas, er (Please exp	Texas	75201			
New Well Recompletion			ransporter of:		in the same way					
Change in Operator X	Oil Casinghead		Ory Gas							
If change of operator give name and address of previous operator Mes	sa Opera		mited Par	tnership	, P. O.	Box 2009). Amarill	O TV	70190	
II. DESCRIPTION OF WELL							, marri	U, IA	7109	
Lesse Name Peterson Federal Com	ing Formation Kind			of Lease No		ase No				
Peterson Federal Com 1 Logan Dra Location					aw Morrow State			I	32565	
Unit Letter G	_ :198	0 F	Feet From The	North 1:	and 198	in _		East		
Section 20 Townshi	. 17S		2717			Eddy	cet From The	Last	Line	
Jownson	<u></u>	<u>.</u>	Cange .	, <u>N</u>	мрм,				County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF OIL	AND NATU	RAL GAS						
Navajo Crude Oil Purchasing					Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88240					
Name of Authorized Transporter of Casinghead Gas or Dry Gas x				Address (Give address to which approved copy of this form is to be sent) (Llano) P. O. Box 1320, Hobbs, NM 88240					<u> </u>	
well produces oil or liquids, Unit Sec. Twp. Rge. Is granting to le location of tanks.										
If this production is commingled with that	[mm any other	20	17 27	Yes			8/18/8			
IV. COMPLETION DATA	moni any ouic	r rease or po	oi, give comming	ling order num)cr:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded		te Compl. Ready to Prod.			L		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay						
criorations							Tubing Depth			
Terror salons								Depth Casing Shoe		
	TUBING, CASING AND				NG RECOR	LD				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES				<u> </u>			<u> </u>			
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Test	l volume of	load oil and must	be equal to or	exceed top allo	owable for this	depth or be for	full 24 hours	r.)	
	Date of Yes			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			
CICTOTI	<u> </u>									
GAS WELL Actual Prod. Test - MCF/D	Length of Te	st .	· · · · · · · · · · · · · · · · · · ·	Dhle Conden						
				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pilot, back pr.)	Tubing Press	ure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF (COMPT 1	IANCE				<u> </u>		Posted.	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				∥ C	IL CON	ISERVA	ID NOITA	VISIO	N 9-29	
is true and complete to the best of my knowledge and belief.					Date Approved SEP 2 7 1989					
///					Date Approved					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Michael S.

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By.

Title.

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT IT

MIKE WILLIAMS

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Production Engineer

Tille

953-1414 Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.