

DISTRIBUTION	3
ANTA FE	/
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S.G.S.	
AND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWAP  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
ED

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

NOV - 8 1973

I. Operator  
BERT H. MURPHY ✓  
Address  
P. O. Drawer 2164, Roswell, New Mexico 88201  
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)  
If change of ownership give name and address of previous owner  
WELCH & IVERSON

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
Gissler NBII  
Well No. 3  
Pool Name, including Formation  
Square Lake GBG. - SA  
Kind of Lease  
State Federal or Fee  
Lease No.  
LC-029338 (b)  
Location  
Unit Letter E ; 1650 Feet From The North Line and 660 Feet From The West  
Line of Section 12 Township 17S Range 30E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navajo Refining Co., Pipe Line Div.  
Address (Give address to which approved copy of this form is to be sent)  
North Freeman Ave., Artesia, New Mexico 88210  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Continental Oil Co.  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 2197, Houston, Texas 77001  
If well produces oil or liquids, give location of tanks.  
Unit D Sec. 12 Twp. 17S Rge. 30E  
Is gas actually connected? Yes 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 Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 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 (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 of Production Clerk  
November 7, 1973  
OIL CONSERVATION COMMISSION  
APPROVED NOV 9, 1973  
BY W. A. L. [Signature]  
TITLE OIL AND GAS INSPECTOR  
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 multiple completed wells.