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JAN 27 1992

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OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Murchison Oil and Gas, Inc. Well API No. 300152127700S3
Address 1445 Ross Avenue, Suite 5300, LB 152, Dallas, TX 75202-4752
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☐ Change in Transporter of: ☐
Recompletion ☒ Oil ☒ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Nash Unit</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Nash Draw Delaware</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No. <u>K6600</u>
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>23S</u> Range <u>29E</u> , <u>NMPM</u> , <u>Eddy</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"/> <u>Texaco Trading & Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 6196, Midland, TX 79711-0196</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Transwestern Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2521, Houston, TX 77001</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>13</u>	Twp. <u>23</u>	Rge. <u>29</u>	Is gas actually connected? <u>No</u>	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	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v
Date Spudded <u>06/18/88</u>	Date Compl. Ready to Prod. <u>01/10/92</u>		Total Depth <u>13845'</u>		P.B.T.D. <u>6800</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>GL 3004'</u>	Name of Producing Formation <u>Cherry Canyon</u>		Top Oil/Gas Pay <u>4780</u>		Tubing Depth <u>4929'</u>			
Perforations <u>4780-84', 4936-42'</u>					Depth Casing Shoe <u>10908'</u>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>15"</u>	<u>10-3/4"</u>		<u>3325'</u>		<u>1628</u>			
<u>9-1/2"</u>	<u>7-5/8"</u>		<u>10908'</u>		<u>1450</u>			

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 Tank 01/10/92 Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 Hrs. Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test Oil - Bbls. 12 Water - Bbls. 72 Gas - MCF 0

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.
Michael S. Daugherty
Signature Michael S. Daugherty Production Manager
Printed Name January 21, 1992 (214) 953-1414
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 31 1992
Date Approved _____
By _____ ORIGINAL SIGNED BY
MIKE WILLIAMS
Title _____ SUPERVISOR, DISTRICT II

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.