Substite 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico nergy, Minerals and Natural Resources Department

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

RECEIVEOIL CONSERVATION DIVISION
P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	Santa Fe, New Mexico 87504-2088								
I.	REQUEST FO	R ALLOWA!	BLE AND	AUTHORI	ZATION				
Operator C. C. D. THANSPORT OIL AND NATURAL GAS								1	
Murchison Oil & Gas, Inc.					Well	Well API No.			
717 N. Harwood S	Street, Suite 2	500. Lock	Box 86	D-11-					
717 N. Harwood Street, Suite 2500, Lock Box 86, Dallas, Texas 75201  Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:									
Change in Courts S									
If change of a service is a condensate is									
Mesa Operating Limited Partnership, P. O. Box 2009, Amarillo, TX 79189  II. DESCRIPTION OF WELL AND LEASE									
rease Name	Well No. Pool Name, Including For				Formation Kind of Lease Lease No.				
Nash Unit Location	2	- MORRO	State, Federal or Fee						
Unit Letter F 1350 Feet From The North 1980 West									
Section 18 Township 23S P 30F									
, NMPM, Inday County									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR				RAL GAS					
Permian Corporation (X)				Address (Give address to which approved copy of this form is to be sent)  P. O. Rox 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Transwestern Pipeline Co.				Rox 252	hich approved	copy of this form is to be sent) on, TX 77001			
If well produces oil or liquids, give location of tanks.		wp. Rge.	Is gas actually connected? When?			7			
If this production is commingled with that from any other lease or need all the second				Yes			5/19/76		
DETIGN DATA	louv.							<del></del>	
Designate Type of Completion  Date Spudded		Cas Well	New Well	Workover	Deepen	Plug Back   Sai	ne Res'v	Diff Res'v	
	Date Compl. Ready to Pr	roxL	Total Depth	-1	J	P.B.T.D.	·		
Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Form	Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe		
							10¢		
HOLE SIZE	CASING & TUBI	CEMENTING RECORD DEPTH SET							
		OCT TH' OCT			SACKS CEMENT				
				<del></del>					
V. TEST DATA AND REQUES	T FOR ALLOWAR	16							
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volume of t	load oil and must	be equal to or	exceed top allo	owable for this	t depth or he for f			
	Date of Test	Producing M	ethod (Flow, pu	unp, gas lift, e	ic.)	un 24 Nour	5.)		
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			C- NGC	Gas- MCF			
CACHELL						OZS- MICI-			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		1			·•·			
		Bbls. Condensate/MMCF			Gravity of Condensate				
Tosting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA	ATE OF COMPL	IANCE				<u> </u>			
Division have been complied with and that the information since the				OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.				OFD OF 1000 A for little					
- Muchael // / / / / / /			Daile	Date Approved					
Michael S. Daugherty, Production Engineer			By ORIGINAL SIGNED BY						
Title			Title SUPERVISOR, DISTRICT IT						
Date / TO O	(214) 953- Telepho	-1414 xac No.		· · · · · · · · · · · · · · · · · · ·					

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
- 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.