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**P. O. BOX 2088**

REQUEST FOR ALLOWABLE  
AND

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

## Operator

**Address**

Reason(s) for filing (Check proper box)

☒ New Wolf

### Recompletion

☐ Change in Ownership

**Change in Transporter of:**

**CU**

☐ Casinghead Gas

☐ Dry Gas

**Condensate**

Other (Please explain)

**If change of ownership give name and address of previous owner\_\_\_\_\_**

Lease Name Murphy D	Well No. 2	Pool Name, Including Formation Aztec Pictured Cliffs	Kind of Lease State, (Federal) or Fee	NM	Lease 02758
Location Unit Letter <u>M</u> : <u>790</u> Feet From The <u>South</u> Line and <u>810</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>30N</u> Range <u>11W</u> , NMPM, San Juan					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					P. O. Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					P. O. Box 4289, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	27	30N	11W	No	

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.

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.

Deanna Dosh  
(Signature)

Drilling Clerk

(Title)

8-16-85

(Date)

APPROVED

BY

**TITLE**

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 deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of condit.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
			X	X					
Date Spudded 5-18-85	Date Compl. Ready to Prod. 8-13-85		Total Depth 2478'			P.B.T.D. 2461'			
Elevations (DF, RKB, RT, GR, etc.) 5940' GL	Name of Producing Formation Aztec Pictured Cliffs		Top Oil/Gas Pay 2267'			Tubing Depth			
Perforations 2267, 2274, 2281, 2290, 2297, 2317, 2328, 2409, 2417, w/1 SPZ						Depth Casing Shoe 141'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4"	8 5/8"		141'			125-106 cu ft			
6 3/4"	2 7/8"		2473'			618 628 cu ft			

#### 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 492	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 61 MCF	Gravity of Condensate 60
Testing Method (plug, back pr.) Back Pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 3/4"
		258	