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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator  
**MURPHY OPERATING CORPORATION**

Address  
**P. O. Drawer 2648, Roswell, New Mexico 88202-2648**

Reason(s) for filing (Check proper box)      Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	<b>CHANGE OF WELL NAME &amp; NUMBER</b> Change effective November 1, 1988 Previously State "BF" #2
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate		
<input type="checkbox"/> Change in Ownership				

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Haley Chaveroo SA Unit</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Chaveroo San Andres</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>NM-1083</b>
Location				
Unit Letter <b>B</b>	<b>660</b>	Feet From The <b>North</b>	Line and <b>1980</b>	Feet From The <b>East</b>
Line of Section <b>3</b>	Township <b>8S</b>	Range <b>33E</b>	<b>NMPM,</b>	Chaves 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"/> <b>Mobil Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 900, Dallas, Tx 75221</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Oxy NGL, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 300, Tulsa, OK 74102</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>3</b>	Twp. <b>8S</b>	Rge. <b>33E</b>	Is gas actually connected? <b>Yes</b>	When <b>1/11/67</b>

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.

**VI. 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 is true and complete to the best of my knowledge and belief.

*Melinda K. Hickman*  
Melinda K. Hickman (Signature)  
Production Supervisor  
(Title)  
November 11, 1988  
(Date)

OIL CONSERVATION DIVISION

NOV 17 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
TITLE \_\_\_\_\_

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 deviated 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 multiphase 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'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
ADDITIONAL DATA RELATIVE TO TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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NOV 15 1988

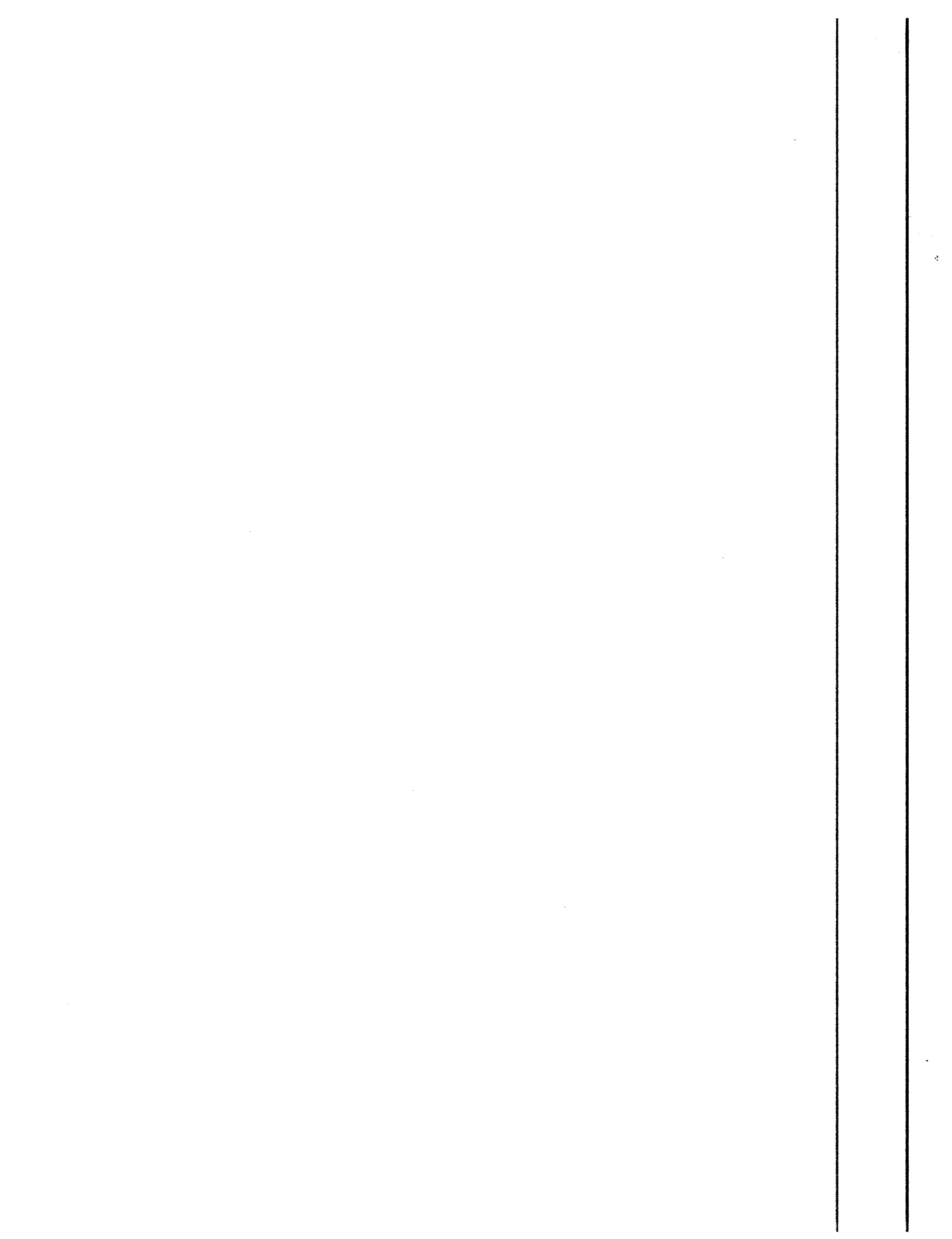
OCD  
 HOBBS OFFICE



**LTR**



**Job separation sheet**



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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<input type="checkbox"/> New Well	Change in Transporter of:	Change effective July 1, 1988
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Hondo Oil & Gas Company, P. O. Box 2208, Roswell, NM 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE BF	Well No. 2	Pool Name, including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee State	Lease No. NM-1083
Location				
Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>3</u> Township <u>8S</u> Range <u>33E</u> , NMPM, <u>Chaves</u> County				

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Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Oxy NGL, Inc.	P. O. Box 300, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 3	Twp. 8S	Rge. 33E	Is gas actually connected? Yes	When 1/11/67

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.

VI. 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 is true and complete to the best of my knowledge and belief.

Melinda K. Hickman  
Melinda K. Hickman (Signature)  
Production Supervisor  
(Title)  
July 1, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

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