EIVED				
NC				
OIL				
GAS				
OPERATOR PROBATION OFFICE				

но.	OF COPIES RECEIVED						
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMIS	& 4	Form C-104		
SANT	TAFE	l .	FOR ALLOWABLE		Supersedes Old C-104 and C-110		
FILE			AND		Effective 1-1-65		
U.S.C		AUTHORIZATION TO TRA	INSPORT OIL AND NA	ATURAL GAS			
LANI	DOFFICE						
TRA	NSPORTER GAS	-					
OPE	RATOR	-					
PRO	RATION OFFICE						
Opera	tor	<del></del>					
K	<u> Kaiser-Francis Oi</u>	1 Company					
Addre							
4	120 East 51st St	reet, Tulsa, OK 74	135				
- 1	in(s) for filing (Check proper box,		Other (Please e	xplain)			
New 4		Change in Transporter of:					
l l	npletion V	Oil Dry Ga	77				
Chang	ge in Ownership X	Casinghead Gas Conden		,			
	nge of ownership give name		). Box 2099		G-1 : 00274		
and ad	dress of previous owner	ayman Erpi. Corp. Pa	los Verdes Pe	ninsura,	Cal. 90274		
II DESC	PRINTION OF WELL AND	TEACE					
	RIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation   h	(ind of Lease	Lease No.		
	Murnhy "A" State	2 Inbe Perm	o-Penn	State, Federal or F	**State   OG-4755		
Locat	ion A State		· · · · · · · · · · · · · · · · · · ·				
Un	it Letter I ; 19	80 Feet From The South Line	• and 510	Feet From The	East		
	,,						
Lir	ne of Section 21 Tov	vnship 10S Range 33	SE , NMPM,	Lea	County		
<del>'</del>							
		<mark>TER OF OIL AND NATURAL GA</mark>	S				
Name	of Authorized Transporter of Oil	or Condensate	l .		opy of this form is to be sent)		
A	Amoco		P.O. Box 591	•			
i	of Authorized Transporter of Cas			• •	opy of this form is to be sent)		
W	Varren Petroleum	Corp.	1350 S. Bou		sa, Ok 74102		
	l produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected	y   wnen			
give I	ocation of tanks.	<u> </u>	l yes	<u></u>	NA		
		th that from any other lease or pool,	give commingling order r	iumber:			
IV. COMI	PLETION DATA	Oii Well Gas Well	New Well Workover	Deepen Plu	a Back   Same Res'v. Diff. Res'v.		
De	esignate Type of Completic		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Date :	Spudded	Date Compl. Ready to Prod.	Total Depth	P.F	3.T.D.		
Eleva	tions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tul	bing Depth		
Perfor	rations			Dej	pth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	ŗ	SACKS CEMENT		
Ĺ		<u> </u>	<u> </u>	,			
	DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volum pth or be for full 24 hours)	e of load oil and m	nust be equal to or exceed top allow-		
	WELL First New Oil Run To Tanks	Date of Test	Producing Method (Flow,		e.)		
Date	First New Oll Run to lunks	Date of 1960	, rocacing memory	<b>,</b>			
/	h of Tool	Tubing Pressure	Casing Pressure	Ch	oke Size		
Lengt	th of Test	I duling Prosecute			·		
Actua	l Prod. During Test	Oil-Bbis.	Water - Bbls.	Ga	s-MCF		
70.00	. , , , , , , , , , , , , , , , , , , ,		·				
1			<u> </u>				
OAR	WELL		•				
	al Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gre	avity of Condensate		
		1		1			
Testi	ng Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Ch	oke Size		
Ai Geo.	TIFICATE OF COMPLIAN	CE	OIL C	ONSERVATIO	ON COMMISSION		
C £10:	FOLKALI OR OURIE MARKIN			AHC	, 19		
l harm	by certify that the rules and t	regulations of the Oil Conservation	APPROVED	- TOB	, 19		
~	incing hous been complied t	with and that the information given	N 11				
above	is true and complete to the	best of my knowledge and belief.					
			TITLE				
	,	$\sim$	This form is to	be filed in come	liance with RULE 1104.		
	- Wand Y	Berry_	76.45.5.15.0.0000	unt for allowable	for a newly drilled or despened		
	(Sign	the state of the s	I wall this form must	he accompanied	DA S (SDATELION OF the pasteriors		
	Geol	•	tests taken on the w		e fitted out completely for allow-		

(Title) July 25, 1975 (Date)

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 multiply completed wells.

HO. OF COPIES REC	EIVED	i	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER			
OPERATOR			
PROPATION OF			

January 24, 1972 (Date)

1.

II.

III.

IV.

SANTA FE					N				ATION COMM LOWABLE	ISSION		m C-104	I C-104 and C-11
FILE							WEGOED!	AND	LUMABLE			ective 1-1-6	
U.S.G.S.				AL	THORI	ZATIO	N TO TRA	ANSPORT	OIL AND	NATURAL (	GAS		
LAND OFFICE	OIL		$\vdash$										
IRANSPORTER	GAS		$\vdash$										
OPERATOR													
PRORATION OFF	ICE												
Operator CAYMAN CC	ים בים מ	MT/	זאר										
Address	REORE	71.10	JIN								· · · · · · · · · · · · · · · · · · ·		
P. O. BOX	2099 Check p	), E	PALO	S VER	DES PI	ENINS	ULA, CAI	IFORNI					
New Well		roper	002)	Char	ige in Tr	ansporte	er of:		Other (Please	Au			550 bbls.
Recompletion				Oil	•		Dry Go	ıs 🗌	of oil t				
Change in Ownership				Casi	nghead C	ias 🔲	Conde	nsate 🗌	Tank and	is in e	xcess of	the mor	nthly
If change of owners	hin give	nan	10							e-charge	F-O3 SIGE	<del>:ne-we1.</del>	<u>+</u>
and address of previ											· · · · · · · · · · · · · · · · · · ·		
DESCRIPTION OF	e wet	T A)	NT T	EACE									
DESCRIPTION OF Lease Name	WEL.	L Ar	ND L		No. Po	ol Name	, Including F	ormation		Kind of Leas	<del></del>		Lease No.
MURPHY STA	TE "A	لخرن	tal		,   1	NBE 1	PERMO PE	NN		State, Federa	lor Fee ST	TATE	OG 4755
Location		<del></del>						****		<del></del>		<u> </u>	10.0 4733
Unit Letter I		;	510	)Fee	t From T	heI	EAST Lir	ne and 19	980	Feet From '	The SOUTH	<u> </u>	
Line of Section	21		Town	ship	10-s		Range	33 <b>-</b> E	, NMPM,		LEA		County
DESIGNATION OF	TDA	N'C DA	∩DTE	ED OF	OIT AN	מא מט	TYIDAT CA	e					
DESIGNATION OF Name of Authorized					or Conde		IURAL GA		Give address t	o which appro	ved copy of th	is form is to	be sent)
AMOCO PI	PELTN	Œ C	OMPZ	NV				3411 K	NOXVILLE	AVENUE.	LUBBOCK.	TEXAS	70412
Name of Authorized 7					18 🔲	or Dry	Gas 🗍	Address (	Give address t	o which appro	ved copy of th	is form is to	be sent)
If well produces oil o		3,	11	Unit	Sec.	Twp.	Rge.	Is gas ac	tually connecte	d? Wh	en		
give location of tanks	3,			I	21	10-9	33 <b>-</b> E						
If this production is		ıgled	with	that fro	m any o	ther lea	ase or pool,	give comm	ningling order	number:	···		
COMPLETION DA			<del></del>		Oil W	ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Res'v.
Designate Type	e of Co	ompl/	etion	-(X)			1	ļ				1	ļ
Date Spudded	· · · · · · · · · · · · · · · · · · ·		I	Date Con	pl. Read	y to Pro	od.	Total Dej	oth		P.B.T.D.	<u>+</u>	
·													
Elevations (DF, RKB	, RT, GI	R, etc	:. <i>j</i> [1	Name of	Producing	Forma	tion	Top Oil/	Gas Pay		Tubing Dep	th	
								1		<del></del>	Depth Castr	Chan	
Perforations											Depth Castr	id suce	İ
					TUB	ING. C	ASING. AND	CEMENT	ING RECOR	D			
HOLES	SIZE			CA	SING &				DEPTH SE		SA	CKS CEM	ENT
			<u> </u>										
											<b>_</b>		
<del></del>								<u>i                                     </u>			1		
TEST DATA AND	REQU	JEST	FOI	R ALL	)WABL	E (Te			y of total volu or full 24 hours		and must be e	qual to or ex	xceed top allow-
OIL WELL Date First New Oil R	un To T	anks		Date of 7	est		10 10, 1,110 00	<u> </u>	Method (Flow		ft, etc.)		<del></del>
20.01 2.01 2.00									,		•		
Length of Test			<del>-  </del> ,	Tubing P	ressure.			Casing P	essure		Choke Size		
Actual Prod. During	Test		(	Oil - Bble	•			Water - Bb	le.		Gas-MCF		
	, <del>.</del>												
GAS WELL Actual Prod. Test-M	CEA			Length o	Tool			Bhie Co	ndensate/MMCI	<del></del>	Gravity of C	Condensate	
Actual Prod. 1001-M	CF/D		'	Length o				22.5. 00.				701140110410	
Testing Method (pito	t, back j	pr.)	<del> </del> -	Tubing P	ressure (	Shut-i	(a.)	Casing P	reseure (Shut-	-in)	Choke Size		
•					•	•							
CERTIFICATE O	F COM	PLI	ANCI	E			· ·		OIL C	ONSERVA	TION CON	MISSION	1
				_						IAN 2	c 1072		
I hereby certify that	t the ru	les a	nd re	gulation	s of the	Oil Co	nservation	APPR	OVED	THIN Y	Signed	by .	19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Ong. o.B.									
	~h.#		,,,,,								Dist. I, Sup	N.	
	,	,						TITLE	·		,		
1191	,	1.	<u>-</u>	. /					nis form is to				
11/10	01	<u>121</u>	<u> </u>	2				If	this is a requ	est for allov	vable for a n	ewly drille bulation of	d or deepened the deviation
/		(2	ignati	ura)				tests t	aken on the	well in acco	rdance with	RULE 111	•
ENGINE	r.K		(Title	,				Al able of	l sections of n new and re-	this form mu	st be filled o	out comple	tely for allow-

All sections of this form must be able 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 multiply completed wells.

NO. OF COPIES REC	EIVED	i	
DISTRIBUTION			
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LAND OFFICE			
IRANSPORTER			
THAILST GILL EN			
OPERATOR			
PRORATION OF			

1968 (Date)

August

SANTA FE		CONSERVATION COMMISSION	Form C-104
FILE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TE	AND COLOR O. C. C.	
LAND OFFICE	AUTHORIZATION TO TH	RANSBORT OIL AND NATURAL	. GAS
TRANSPORTER OIL		With 3 18 With	
GAS		4. Q <b>g</b>	
OPERATOR			
1. PRORATION OFFICE			
Operator			
Cayman Componer	ion		
P. O. Box 2099, Reason(s) for filing (Check proper	. Palos Verdes Peninsula, (	California 90274 Other (Please explain)	
New Well	Change in Transporter of:		•
Recompletion Change in Ownership	Oil V Dry C	Gas	
If change of ownership give nar	me		
and address of previous owner			
II. DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including	Formation Kind of Lea	ise Logo Ma
Murchy State "A" Z	1.4.		Lease No.
Location	2 Inbe-Permo Pe	31111	ral or Fee State OG-4755
Unit Letter I ;	510 Feet From The East L	ine and 1980 Feet From	n The South
Line of Section 21	Township 10 South Range 32	3 East , NMPM, Lea	County
III DESIGNATION OF TRANSP	OPTED OF OIL AND NAMED		
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G		roved copy of this form is to be sent)
į		3411 Knoxville Avenue	•
Service Pipe Line Co	f Casinghead Gas A or Dry Gas		roved copy of this form is to be sent)
Warren Petroleum Co.		P. O. Box 1589, Tulsa	
If well produces oil or liquids,	Unit Sec. Twp. Age.	<del></del>	/hen
give location of tanks.	I 21 10-S 33E	No	30 Deys
	d with that from any other lease or pool,	, give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Dive Book   Free Book   Diff B
Designate Type of Compl	etion = (X)	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.
	Date Scampin Meday to 1 Tour	Total Depth	F.B.1.D.
Elevations (DF, RKB, RT, GR, etc.	c.; Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	1	ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<del></del>	<u>i</u>
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a ple for this d	after recovery of total volume of load oi lepth or be for full 24 hours)	l and must be equal to or exceed top allow-
Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas	lift. etc.)
			,,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gas - MCF
		<u> </u>	
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-im)	Choke Size
VI. CERTIFICATE OF COMPLI	ANCE	OU CONSERV	ATION COMMISSION
The second secon		SIE CONSERV	
I hereby certify that the rules as	nd regulations of the Oil Conservation	APPROVED	19
Commission have been complie	ed with and that the information given	0.00	
above is true and complete to	the best of my knowledge and belief.	BY	1 my
`		TITLE	STATE OF THE STATE
)			
11/1/			compliance with RULE 1104.
July Steel	Signature)	If this is a request for allowell, this form must be accomp	wable for a newly drilled or despened anied by a tabulation of the deviation
Vice Preside	•	tests taken on the well in acco	ordence with RULE 111.
	(Title)	All sections of this form me	ust be filled out completely for allow-

able 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.

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