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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator CAYMAN CORPORATION	
Address P. O. BOX 2099, PALOS VERDES PENINSULA, CALIFORNIA 90274	
Reason(s) for filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MURPHY STATE	Well No. Pool Name, including Formation 2 INBE-PERMO PENN	Kind of Lease State, Federal, or Fee STATE	Lease No. 004898
Location Unit Letter J 2002.5 Feet From The EAST Line and 1976.4 Feet From The SOUTH			
Section 13 Township 10-S Range 33-E, NMPM, LEA 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"/>	Address (Give address to which approved copy of this form is to be sent)
PAN AMERICAN PETR. CORP.-TRUCKS	P. O. BOX 1725, MIDLAND, TEXAS
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
WARREN PETROLEUM CORPORATION	P. O. BOX 1589, TULSA, OKLAHOMA
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
J 13 10-S 33-E NO 30 DAYS	

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)	On Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 6-29-68	Date Compl. Ready to Prod. 8-3-68		Total Depth 9910'		P.B.T.D. 9847'			
Elevations (DF, RKB, RT, GR, etc.) 4188.6 GR	Name of Producing Formation BOUGH "C"		Top Oil/Gas Pay 9830'		Tubing Depth 9844'			
Perforations 9834-41' WITH 14 ONE HALF INCH JET HOLES					Depth Casing Shoe 9907'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4	13-3/8		418		400			
11	8-5/8		3965		350			
7-7/8	5-1/2		9910		300			
	2-3/8		9844					

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 8-3-68	Date of Test 8-4-68	Producing Method (Flow, pump, gas lift, etc.) FLOKING	
Length of Test 24 HOURS	Tubing Pressure 325	Casing Pressure PACKER	Choke Size 2 1/2
Actual Prod. During Test 400	Oil-Bbls. 320	Water-Bbls. 80	Gas-MCF 270

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-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

APPROVED _____, 19
BY Leslie A. Clements
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 deviation 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 multiply completed wells.

[Signature]
(Signature)
VICE PRESIDENT
(Title)
16 AUGUST 1968
(Date)