District International Control of the second seco	Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240	Energy,)	Sta Minerals a	ate of N and Na	New Mexico Itural Resources Departmen	t		Form C-104 Revised 1-1-89 See Instructions
DISTINCT III Santa Fe, New Mexico 87504-2088 IOW Re BRARK AL, ARE, NM 87410 REOUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Wall API No. Address Wall API No. Matter TO TRANSPORT OIL AND NATURAL GAS You and the main street, Suite 2500, Ft. Worth, TX 76102 Wall API No. Reacond for Filing (Check oper Act) Check of the main (Check oper Act) New Wall Charges in Transports of Old Dy Gas I Check of the main (Check oper Act) Reacond for Filing (Check oper Act) Check of the Check oper Act I Check of the Check oper Act I If damps of operator gree same MURPHY OPERATING CORPORATION Loss of Check oper Act I Loss of the Main (Check oper Act I) It descent of operator gree same MURPHY OPERATING CORPORATION Loss of Loss of the Main (Check oper Act I) Loss of the Main (Check oper Act I) It descent The Check operator is the Main (Check oper Act I) Section 33 Toronghip 75 Reage 332E NMMM, (Loss of the Main Act I) Loss of Main (Check oper Act I) New of Autorist Trapports of Check oper Act II Addres I (Check oper Act I) Addres I (Check oper Act I) Loss of IIII. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS New of Autorist	DISTRICT II	l de la constante de		P.O. E	30x 2088	Į		at Bottom of Page
I PRECOUEST FOR ALLOWABLE AND AUTHORIZATION TOTRANSPORT OIL AND NATURAL GAS Well APING Address NYDER OIL CORPORATION Well APING Address 777 Main Street, Suite 2500, Ft. Worth, TX 76102 Other (Pikars expland) New Well Charge in Transporte of. Other (Pikars expland) Recording Ger Kling (CML) proper box) Conserve of. Other (Pikars expland) New Well Campe in Street, Suite 2500, Ft. Worth, TX 76102 Conserve of. Other (Pikars expland) Recording Ger Kling (CML) proper box) Conserve of. Other (Pikars expland) Conserve of. Recording Stream Classified Out. Conserve of. Conserve of. Conserve of. If Charge of openner give same MURPHY OPERATING CORPORATION Lease Name (Journal) Lease Name (Journal) Feet From The	DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874	10	anta Fe, 1	New M	lexico 87504-2088			
SNYDER OIL CORPORATION Weil APING Address 777 Main Street, Suite 2500, Ft. Worth, TK 76102 Research for Fung (Check proper box) Charge in Transporter of Check (Fiscale explane) Recomption Child Dry Cas Charge in Dyname Child Dry Cas If charge of opening yee name MURPHY OPERATING CORPORATION Lase Nume (), Automation opening IL DESCRIPTION OF WELL AND LEASE Lase Nume (), Automation opening Lase Nume (), Automation opening Lease Nume (), Age/A Crit. Medi No. Pool Name, Isolating formation Lase Nume (), Automation opening Lease Nume (), Automation opening Townable 75 Range 332 NIMPM, ROOSEVELT Lease Nume (), Automation of Child Townable 75 Range 332 NIMPM, ROOSEVELT Section 33 Townable 75 Range 332 NIMPM, ROOSEVELT Court Main of Automation Transporter of Chall Grave action of Automation action in the lase sen) If Well Pool Action action action approved actory of that form is to be sen) If well poolates all complexity of Chall Grave action of Chall Grave action of Chall Grave action action action approved actory of that form is to be sen) If Well Poolates all complexity op	I.	REQUEST F				TION		
Address 77 Main Street, Suite 2500, Ft. Worth, TX 76102 Research of Filing (Over proze bas) Change in Transport of Recomption Other (Please explain) Recomption Catage in Transport of If Ober of Years are standing of your of the stand of the standing of your of the stand of the standing of your operator Mile Standing of your operator If Ober of Years are standing of your operator Well No. Pool Name, Including Formuloe It are your operator Well No. Pool Name, Including Formuloe It are your operator Well No. Pool Name, Including Formuloe It are your operator Well No. Pool Name, Including Formuloe It are your operator Mile State of the State operator of the State operator operator Visit Lease No. Pool From The Visit Lease No.	· ·				LAND NATURAL GAS		API No.	
Intervention Other (Prease explain) Other (Prease explain) Recompletion Oil Dry Cat Difference If charge of opening Oil Dry Cat Difference If charge of opening Charge back Consequence MURPHY OPERATING CORPORATION II. DESCRIPTION OF WELL AND LEASE Mult No. Pool Name, lackback of provide opening Lase No. Halley, SSA Durit Sec. 33 Charve root San Andress Seate No. Lease Name of Automate opening TS Range 332E Notify Receiption Usit Letter F 198/C Feet From The Line No. III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS Name of Automate Transporter of Cauter Cauter Name of Automate Transporter of Cauter Of Cauderaue Address (Give address to watch approved copy of Mid form is to be seal) Name of Automate Transporter of Cauter Oil Well Sec. Transporter of Cauter Water of the seal Name of Automate Transporter of Cauter Oil Well Cas well Note of the seal Water of the seal Name of Automate Transporter of Cauter User Total population Water of the seal Water of the seal	Address							
Recomplication Charge of product of Callinge of Callinge of Callinge of Grand Control of Callinge Of Calli	(Check proper bo	x)	Ft. Wo	rth,				
Change in Openator E CasigeAcad Gut Excession If change of openator MURPHY OPERATING. CORPORATION II. DESCRIPTION OF WELL AND LEASE Examining the same including formation. Examining the same including formation. Halley, gSA Unit Sec. 33 6 Chaveroo San Andres Examining the same including formation. Lase Name, Machard Feet From The 1 Line and 1 GMC Feet From The Line and 1 GMC Lase Name, Machard Feet From The 1 Line and 1 GMC Feet From The Line and 1 GMC Lase Name, Machard Feet From The 1 Line and 1 GMC Feet From The Line and 1 GMC Lase Name of Auborized Transport of ON ON TANNER of Auborized Transport of ON or Condenate Address (Gire acadress to which approved copy of this form is to be sen) Name of Auborized Transport of ON Unit 1 Sec. Address (Gire acadress to which approved copy of this form is to be sen) Name of Auborized Transport of ON Difference of the sec of DOY Case Address (Gire acadress to which approved copy of this form is to be sen) Name of Auborized Transport of ON Difference of Doy Case Address (Gire acadress to which approved copy of this form is to be sen)<				r of:		,		
and address of previous openator MURPHY OPERATING CORPORATION I. DESCRIPTION OF WELL AND LEASE Isaa Nume, lackading Formation Kind of Lease Nume, Including Formation Kind of Lease Nume, Including Formation I.all Event Ward, J. Sec. 33 Will No. Pool Name, lackading Formation Chave roo San Andres Sant, Dohn or Fee K-1369 Location Wait Letter F :			-	<u> </u>				
Laser Name (Lagrewort) Well No. Pool Name, Locioding Formation Chaveroo San Andres Kind of Laser Sant, Padral or Fee Laser No. K-1369 Locator F 1980 Feet From The Line and G. C. Locator F 1980 Feet From The Line and G. C. Section 33 Township 7S Range 33E Internet Section ROOSEVELT Court Name of Automated Transporter of Oil AND NATURAL GAS Township or Condenante Address (Give address to which approved copy of this form is to be sed) Name of Automated Transporter of Catinghead Gas or Or Dy Case Address (Give address to which approved copy of this form is to be sed) If well produces oil or liquid, if well produces oil completion - (X) On! Well Gas Well New Well Workover Deepes Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) On! Well Gas Well New Well Workover Deepes Plug Back Same Res'v Diff Res'v Date Spadded Date Compl. Ready to Frod. Total Expth Plus Diff Res'v Diff Res'v Diff Res Mole SiZE<	and address of previous operator		NG COR	PORAT	ION			
Industry post unit Sec. 33 6 Chaveroo San Andres Data Data Andres Location F 1980 Feet From The 100 and Feet From The 100 and feet feet fiet fiet fiet fiet fiet fiet	IL DESCRIPTION OF WEL							
Unit Letter F : 198 C Feet From The Mine and 98 C Feet From The Court Name of Authorized Transport rational intermediation of Condensate Or Condensate Address for address to which approved copy of this form is to be sent) Name of Authorized Transport rational intermediation of Condensate Address for address to which approved copy of this form is to be sent) Name of Authorized Transport rational intermediation on Condensate Address for address to which approved copy of this form is to be sent) Name of Authorized Transporter of Call place if an intermediation on Condensate Or Condensate Address for address to which approved copy of this form is to be sent) Name of Authorized Transporter of Call place if an intermediation in the sent of Call place if a set in the sent of the sen	naley con Unit Sec.	33 6	Chav	, Includi Veroo	San Andres			Lease No. K-1369
Section 33 Township 75 Range 33E IMITM. ROOSEVELT Court HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Or Condensate Address for address to which approved copy of bids form is to be sen;) Interest of Autorized Transporter of Catagreed Gas or Condensate Address for address to which approved copy of bids form is to be sen;) If well produces oil or liquids, give localized Gas or Dry Gas Address for address to which approved copy of bids form is to be sen;) If well produces oil or liquids, give localized Gas Unit Sec. Twp. Rge. is gas actually connected? When 7 When 7 If well produces oil or liquids, give localized with that form say other lease or pool, give communging order number: Non Well Gas Well New Well Workover Deepen Plug Back [Same Res' Diff Re Designate Type of Completion - (X) [Oil Well Gas Well New Well Workover Deepen Plug Back [Same Res' Diff Re Date Spadded [Date Completion Forducing Formation Top Oil Gas Pay Tabing Depth Perforations [Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD Peph Casing Shoe TUBING, CASING		. 1980	Feet From	The	M_Line and _ 1980			7,1
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Indicated Transporter of QU or Condensate Indicates (Give address to which approved copy of this form is to be sen) Name of Autorized Transporter of QU or Condensate Indicates (Give address to which approved copy of this form is to be sen) If well produces oil or liquids, Unit Sec. Twp. Rgt. Is gas actually connected? When ? If well produces oil or liquids, Unit Sec. Twp. Rgt. Is gas actually connected? When ? If well produces oil or liquids, Unit Sec. Twp. Rgt. Is gas actually connected? When ? If well produces oil or liquids, Unit Sec. Twp. Rgt. Is gas actually connected? When ? If this produces oil or biguids, Unit Sec. Twp. Rgt. Is gas actually connected? When ? Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepts Plug Back Same Res V Diff Re Date Spudded Date Compl. Ready to Prod. Total Depth. P.B.T.D. Elevations (DF, R&B, RT, GR, ac.) Name of Producing Formatios Depth Casing Shoe Tubing Depth.<	Section 33 Town	ship 7S	Range	33E	· · · · · · · · · · · · · · · · · · ·	I '		
Market Or Condensate Name of Authonized Transporter of Casingbead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, produces oil or liquids, produces oil or liquids, Unit Sec. Twp. Rgt. Is gas actually connected? When 7 If well produces oil or liquids, produces oil or liquids, Unit Sec. Twp. Rgt. Is gas actually connected? When 7 If well produces oil or liquids, Unit Sec. Twp. Rgt. Is gas actually connected? When 7 If well produces oil or liquids, Unit Sec. Twp. Rgt. Is gas actually connected? When 7 If using produces oil or liquids, Unit Sec. Twp. Rgt. Is gas actually connected? When 7 V. COMPLETION DATA Designate Type of Completion - (X) On! Well Gas Well New Well Workover Deepen Plug Back Same Resiv Dn!f Re Date Spudded Date Compl. Ready to Prod. Tod! Tod! P.B.T.D. Evaluations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil Cas's Pay Tubing Depth Date Size CASI	III. DESIGNATION OF TRA	INSPORTER OF OI	LAND	NATU	RAL GAS		······································	County
If well produces oil or liquids, pive location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When 7 This production is comminged with that from any other lesse or pool, give communging order number. The production is comminged with that from any other lesse or pool, give communging order number. Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv Diff Re Date Spudded Date Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv Diff Re Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv Diff Re Designate Type of Completion - (X) Oil Well Gas Well Total Depth Plug Back Same Resv Diff Re Designate Completion - (X) Oil Well Gas Well Total Depth Plug Back Same Resv Diff Re Designate Completion - (X) Oil Well Gas Well Total Depth Plug Back Same Resv Diff Re Designate Type of Completion - (X) Oil Well Gas Well Total Depth Plug Back Same Resv Diff Re Designate Type of Completion - (X) Oil Well Gas Well Total Depth Plug Back Same Resv Diff Re Designate Type of Completion - (X) Oil Well Gas Well Total Depth Plug Back Same Resv Diff Re Designate Type of Completion - (X) Oil Well Gas Well Total Depth Plug Back Same Resv Diff Re Designate Type of Completion - (X) Date Of Producing Formation Top Oil Gas Pay Tubing Depth TUBING, CASING AND CEMENTING RECORD TUBING CASING & TUBING SIZE DEPTH SET SACKS CEMENT SACKS CEMENT Design of tes Producing Method (Flow, pump, gas lift, etc.) Fight of Tes Trubing Pressure of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date of Tes Producing Method (Flow, pump, gas lift, etc.) Fight of Tes Tubing Pressure Casing Pressure Choke Size Casing Pressure Choke Size Asymptot Test - MCF/D Length of Test Bbls Condensate/MNICF Gravity of Condensate sting Method (pluge, back pr.) Tubing Pressure (Shut-in) Casing Fressure (Shut-in) Choke Size	none-Inject	or Condeni]	Address (Give address to which	approved	copy of this form	is to be sent)
If well produces oil or liquids, the location of table. Unit Sec. Twp. Rge. It gas actually connected? When ? When ? Plug Back Same Res' Diff ? Plug Back Same Res' Diff ? Plug Back Same Res' Diff ? Casing Pressure Child Same ? Casing Pressure Child Same ? Casing Pressure Child Same ? Casing Pressure Same ?	Name of Authorized Transporter of Ca	inghead Gas	or Dry Gas		Address (Give address to which	approved	copy of this form	is to be sent)
If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: Designate Type of Completion - (X) Oil Well Cas Well New Well Workover Deepen Plug Back [Same Res'V] Diff Re Date Spackded Date Compl. Ready to Prod. I total Depth P.B.T.D. P.B.T.D. Elevations Depth (Ready to Prod. I total Depth P.B.T.D. Elevations Depth Casing Shoe Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT	If well produces oil or liquids, zive location of tanks	Unit Sec.	Twp.	Rge.		-,		
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Re Date Spudded Date Completion - (X) Itel Completion - (X) Itel Workover Deepen Plug Back Same Res'v Diff Re Date Spudded Date Completion - (X) Itel Completion - (X) Itel Workover Deepen Plug Back Same Res'v Diff Re Date Spudded Date Completion - (X) Name of Producing Formation Itel Producing Formation P.B.T.D. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil Cas Pay Tubing Depth Perforations Depth Casing Shoe Depth Casing Shoe Depth Casing Shoe TUBING, CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 'T TEST DATA AND REQUEST FOR ALLOWABLE Itel 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:) Pate First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) and First New Oil Run To Tank Date of Test <t< td=""><td>I this production is commingled with th</td><td>at from any other lease or r</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	I this production is commingled with th	at from any other lease or r						
Designate Type of Completion - (X) International Internation Internatint Internation Internation Internation Interna	V. COMPLETION DATA				ng order number:			
Date Complet. 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 Depth Casing Shoe HOLE SIZE CASING & TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT		n - (X)	i	Well	New Well Workover I	Deepen	Plug Back Sar	ne Res'v Diff Res'v
Perforations Tubing Point Notice Name Tubing Notice Name Tubing Depth Perforations Depth Casing Shoe Depth Casing Shoe HOLE SIZE CASING & TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT		Date Compl. Ready to	Prod.		Total Depth		P.B.T.D.	
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil Gas Pay		Tubing Depth	
TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT	Perforations							
TOLL SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I<		TURNIC	24.5010				Depth Casing Sh	10 6
A. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) ength of Test Tubing Pressure Casing Pressure Choke Size citual Prod. During Test Oil - Bbls. Water - Bbls Gas- MCF Gas- MCF/D Length of Test Bbls: Condensate/MMCF Gravity of Condensate sting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in)	HOLE SIZE		BING SIZE	AND (
Dill 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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) ength of Test Tubing Pressure Casing Pressure Choke Size uctual Prod. During Test Oil - Bbls. Water - Bbls Gas- MCF GAS WELL Length of Test Bbls. Condensate MMCF Gravity of Condensate sting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size							SAC	KS CEMENT
III. 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.) Nate First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) ength of Test Tubing Pressure Casing Pressure Choke Size ictual Prod. During Test Oil - Bbls. Water - Bbls Gas- MCF GAS WELL Length of Test Bbls. Condensate MINCF Gravity of Condensate sting Method (pitor, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size						···		
III. 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.) Nate First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) ength of Test Tubing Pressure Casing Pressure Choke Size ictual Prod. During Test Oil - Bbls. Water - Bbls Gas- MCF GAS WELL Length of Test Bbls. Condensate MINCF Gravity of Condensate sting Method (pitor, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	. TEST DATA AND REQUE	ST FOR ALLOWA	BLE	l				
Length of Test Tubing Pressure Casing Pressure Choke Size Length of Test Oil - Bbls. Water - Bbls. Gas- MCF GAS WELLL Length of Test Bbls. Condensate: MMCF Gravity of Condensate sting Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	IL WELL (Test must be after Date First New Oil Run To Tank	recovery of solal volume of	load oil an	d musi b	e equal to or exceed top allowabl	e for this	depth or be for fu	ll 24 hours.)
Intering Pressure Casing Pressure Choke Size Inclual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF GAS WELL		Date of Test			Producing Method (Flow, pump, g	gas lift, el	c.)	
Gas MCF Gas Gas Gas MCF Gas MCF Gas Gas Gas MCF Gas Gas Gas MCF Gas Gas Gas MCF Gas Gas Gas MCF Gas Gas Gas <	angin or less	Tubing Pressure		1	Casing Pressure		Choke Size	
Interviewed Condensate MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate sting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	ctual Prod. During Test	Oil - Bbls.			Water - Bbls.		Gas- MCF	
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate MMCF Gravity of Condensate sting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	GAS WELL						·	
sting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size		Length of Test			Bbis. Condensate MMCF		Gravity of Cond	77710
Choke Size	sting Method (pilot, back pr.)	Tubing Pressure (Shur-in	.)					
					-sing rressure (Sumin)		Choke Size	
I. OPERATOR 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 above Division have been complied with and that the information given above	Division have been complied with and	lations of the Oil Conservat			OIL CONSE	RVA		/ISION
is true and complete to the best of my knowledge and belief. Date Approved	to use and complete to the best of my knowledge and belief.				Date Approved			
Atty USw	Signature Betty Hory	Ship						
Printed Name	Printed Name	Ti	ille	÷ ∥				
9-18-91 817/338-4043 Title Date Telephone No. Title	<u>9-18-91</u> Date	817/338-4043	3	-	l itle	<u> </u>		

- newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance i) Request for anowable for newly drilled or deepened well must be accompanied by tabutation of deviation tests taken in a with Rule 111.
 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 filled for each reach in the filled out for allowable on the filled for each reach.