Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MURPHY OPERATING CORPORATION Address P. 0: Drawer 2648, Roswell, New Mexico 88202-2648 Reason(s) for Filing (Check proper box) Other (Please explain)	A DI Ala
P. 0: Drawer 2648, Roswell, New Mexico 88202-2648 Reason(s) for Filing (Check proper box) Other (Please explain)	ATI NO.
Reason(s) for Filing (Check proper box) Other (Please explain)	
A Thomas in Transporter Of	
New Well Change in Transporter of: Recompletion Oil Dry Gas Change effective Au	gust 1. 1989.
Recompletion 201	gue 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
Change in Operator Casinghead Gas Condensate	
f change of operator give name nd address of previous operator	
I. DESCRIPTION OF WELL AND LEASE	
	of Lease No. ************************************
Location	
Unit Letter F : 1980 Feet From The North Line and 1980 Fe	et From The West Line
Section 33 Township 7 South Range 33 East , NMPM,	Roosevelt County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved	copy of this form is to be sent)
	and, Texas 79711-0608
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved	
OXY NGL Inc	
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks.	1?
If this production is commingled with that from any other lease or pool, give commingling order number:	
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Designate Type of Completion - (X)	<u> </u>
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
١ - ١١ - ١١ - ١١ - ١١ - ١١ - ١١ - ١١ -	Deput Casing Silve
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE	in Just on the Charles
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for the	
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift,	esc.j
	Choke Size
Length of Test Tubing Pressure Casing Pressure	i
Length of Tex Tubing Pressure Casing Pressure	
Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbls. Water - Bbls.	Gas- MCF
Actual Prod. During Test Oil - Bbls. Water - Bbls.	Gas- MCF
Actual Prod. During Test Oil - Bbls. Water - Bbls. GAS WELL	Gravity of Condensate
Actual Prod. During Test Oil - Bbls. Water - Bbls. GAS WELL	
Actual Prod. During Test Oil - Bbls. Water - Bbls. GAS WELL	
Actual Prod. During Test Oil - Bbls. Water - Bbls. GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
Actual Prod. During Test Oil - Bbls. GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE	Gravity of Condensate
Actual Prod. During Test Oil - Bbls. Water - Bbls. GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERV	Gravity of Condensate Choke Size
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance 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 filed for each pool in multiply completed wells.