

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

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

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)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<b>CHANGE OF WELL NAME &amp; NUMBER</b>
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<b>Change effective November 1, 1988</b>
		<b>Previously Hobbs T #1</b>

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>6</b>	Pool Name, including Formation <b>Chaveroo San Andres</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>K-1369</b>
Location				
Unit Letter <b>F</b>	Feet From The <b>1980</b>	North Line and <b>1980</b>	Feet From The <b>West</b>	
Line of Section <b>33</b>	Township <b>7 South</b>	Range <b>33 East</b>	NMPM, <b>Roosevelt</b>	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)
<b>Mobil Pipeline Company</b>	<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"/>	Address (Give address to which approved copy of this form is to be sent)
<b>OXY NGL, Inc.</b>	<b>P. O. Box 300, Tulsa, OK 74102</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<b>Yes</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

APPROVED **NOV 17 1988**, 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 deviate 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 multiple 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			

#### 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

NOV 15 1983