

OIL CONSERVATION DIVISION

P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS

I.

|   |   |   |
|---|---|---|
| Operator<br>Murphy Operating Corporation  |   | Well API No.                                  |
| Address<br>P. O. Drawer 2648, Roswell, New Mexico 88202-2648                            |   |   |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) |   |   |
| New Well <input type="checkbox"/>   | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> | Change of Transporter Effective April 1, 1990 |
| Recompletion <input type="checkbox"/>   | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>                           |   |
| Change in Operator <input type="checkbox"/>   |   |   |
| If change of operator give name and address of previous operator _____                  |   |   |

II. DESCRIPTION OF WELL AND LEASE

|   |                |   |  |                     |
|---|----------------|---|--|---------------------|
| Lease Name<br>Haley Chaveroo SA Unit <sup>SEC</sup> 33  | Well No.<br>10 | Pool Name, Including Formation<br>Chaveroo San Andres | Kind of Lease<br>State, Pool and Fee<br>XXXXXXXXXX<br>XXXXXXXXXX | Lease No.<br>K-1369 |
| Location<br>Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line<br>Section <u>33</u> Township <u>7 South</u> Range <u>33 East</u> , NMPM, <u>Roosevelt</u> County |                |   |  |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS **SCURLOCK PERMIAN CORP EFF 9-1-91**

|  |   |       |
|--|---|-------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><del>The Permian Corporation</del> | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1183, Houston, Texas 77251-1183 |       |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>Dry Gas, Inc</u>                   | Address (Give address to which approved copy of this form is to be sent)  |       |
| If well produces oil or liquids, give location of tanks.   | Unit  | Sec.  |
|  | Twp.  | Rge.  |
|  | Is gas actually connected?  | When? |

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)  | 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

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 Tank | 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            |

VI. 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 is true and complete to the best of my knowledge and belief.

Lori Brown  
 Signature  
 Lori Brown Production Supervisor  
 Printed Name  
 March 26, 1990 (505) 623-7210  
 Date Telephone No.

OIL CONSERVATION DIVISION

APR 11 1990

Date Approved \_\_\_\_\_  
 By Jerry Sexton  
 ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR  
 Title \_\_\_\_\_

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.

RECEIVED  
APR 4 1990  
OCD  
HOBBBS OFFICE