Location Value Line of Section 1980 Feet From TheSOUthLine and1980 Feet From TheEast			· · ·	•
Image: Section of the sectin of the section of the section of the section of the		•		•
Image of environments State of Lesse Lesse Instruments State of Lesse State of Lesse Instruments State of Lesse State of Lesse Image of environments State of Lesse State of Lesse Image of environments State of Lesse State of Lesse Image of environments State of Lesse State of Lesse Image of environments State of Lesse State of Lesse Image of environments State of Lesse State of Lesse Image of environments State of Lesse State of Lesse Image of environments State of Lesse State of Lesse Image of environments State of Lesse State of Lesse Image of environments State of Lesse State of Lesse Image of environments State of Lesse State of Lesse Image of environments State of Lesse Lesse Image of environments State of Lesse Lesse Image of environments State of Lesse Lesse Image of Annother Transporter Of Of Lesse State of Lesse Lesse Image of Annother Transporter Of Of Lesse State of Lesse S		ν.		
P. O. BOX 2088 P. O. BOX 2088 SANTA FE, NEW MEXICO 87501 REQUEST FOR ALLOWABLE AND PROMOTION GYNER REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Overser AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Overser MURPHY OPERATING CORPORATION The output of the outpu				
Insummer and the second sec	IANTA PE		SION	Page 1
Line of Sector Authorized arread REQUEST FOR ALLOWABLE Authorized arread Authorized arread Authorized arread Improvement arread Change in Comparison Change in Comparison Improvement arread Comparison Comparison Comparison Intervention State Comparison Comparison Comparison Intervention State Comparison Comparison Comparison Comparison Intervention State Comparison Comparison </td <td>THE</td> <td></td> <td>0.1</td> <td></td>	THE		0.1	
Image: Anti-Anter and Antiper Construction Processing Proprint Procesing Properised Processing Processing Processing Proces		NEW MEXICO 872	01	
Preservor RECUEST FOR ALLOWABLE AUTHORIZATION OF TRANSPORT OIL AND NATURAL GAS I Overrise MURPHY OPERATING CORPORATION Address Other (Pless capital) Proverse Proverse Proverse Other (Pless capital) Proverse Proverse Proverse State Factors	TRANSPORTER OIL	•	•	
AND AND I. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Description Other (Place capital) WRPHY OPERATING CORPORATION Other (Place capital) Address P. 7. 0.7. Drawer-7.2648; Roswell 7; New Mexico 7:88202-2648 Presention (I for film (Case mass bar) Change is a many bar) Presentiation (I for film (Case mass bar) Change is a many bar) Presentiation (I for film (Case mass bar) Dry Gar; SI (Change capital) I bescription (I for film (Case mass bar) Dry Gar; SI (Change capital) I' change of ownership give name Condents is many form (I	REQUES	FOR ALLOWABLE		
Image: Section in the section of the section in the secont the secont in the section in the section in the sec	PROBATION OFFICE			
MURPHY OPERATING CORPORATION Address P.* 0: Drawer 2648; Roswell; New Mexico :: 88202-2648 Indicess Indindicess Indicess	AUTHORIZATION TO T	ANSPORT OIL AND N	ATURAL GAS	
Address Image of Constraints (Constraints (Constants) (Constants) (Constraints (Constraints (Constrain	Operator	•		
Address Image of Constraints (Constraints (Constants) (Constants) (Constraints (Constraints (Constrain	MURPHY OPERATING CORPORATION	د مربیتینیو در بند و روید در میشود. مربع روید و روید در مشرود از میشود از میشود از میشود از میشود از میشود از م	An and the second s	an a
Network() for tiling (Zeteck proper key) Other (Pferse caphin) Image: a comparing			and the second	
Network() for tiling (Zeteck proper key) Other (Pferse caphin) Image: a comparing	P. O. Drawer 2648; Roswell, New Mexico 8	3202-2648		in an
Image of ownership Image of				ann cu carring waynayaa gar Tarring ay ar
Image of ownership give name Castingheed Gas Castingheed Gas Prev 100/Styr-Hobby-T: #3	New Well	CHANC	F. OF WELL NAME & NUM	RED
Image of ownership give name Castingheed Gas Castingheed Gas Prev 100/Styr-Hobby-T: #3	Recompletion	Dry Gas Chanc		
If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND TEASE Lesse Nones Sec.33 Well No. Pool Name, Including Formation Lasse Nones Sec.33 Well No. Pool Name, Including Formation Lasse Nones State Unit Leiter J J 1980 Feet From The East Line of Section 33 Townsporter of Company P. O. Box 900. Dallas, TX 75221 Name of Authorized Transporter of Cesinghead Ges (2) or Dry Gas Address (Give address to which approved copy of this form is to be sent) Noth Sec. Twp. Wann of Authorized Transporter of Cesinghead Ges (2) or Dry Gas Is gas actually connected? Wand Unit Sec. Twp. <td>Casinghead Gas</td> <td></td> <td>ous V Hobbs T #3</td> <td><u>ي</u> 1 و 1 <u>1</u> و 1 <u>1</u></td>	Casinghead Gas		ous V Hobbs T #3	<u>ي</u> 1 و 1 <u>1</u> و 1 <u>1</u>
And address of previous owner I. DESCRIPTION OF WELL AND LEASE II. DESCRIPTION OF WELL AND LEASE State, Federal or Fee State Leeaw Io Chaveroo San Andres State, Federal or Fee State Kind of Lease Leeaw Io Chaveroo San Andres State, Federal or Fee State K-136 Leeaw Io Chaveroo San Andres State, Federal or Fee State K-136 Leeaw Io Chaveroo San Andres State, Federal or Fee State K-136 Leeaw Intervention State, Federal or Fee State Unit Letter Intervention State, Federal or Fee State K-136 Leeaw Intervention State, Federal or Fee State K-136 Line of Section 33 Towned Leaw State K-136 Mane of Authorised Transporter of Oil Contensate Address (Give address to which approved copy of this form is to be sent) P. 0. Box 900. Dallas, IX 75221 Mane of Authorised Transporter of Company P. 0. Box 300, Tulsa, OK 74102 If wai production of tentve. If wai production of tentve. Io Production is commingled with thet from any other lease or pool, give commingling order number: <				المى يې
I. DESCRIPTION OF WELL AND LEASE Level Nome Sec.33 Haley Chaveroo SA Unit				n an a san generation and an
Lesse Name Sec. 33 Well No. Pool Name, including Formation Kind of Lease Lease Haley Chaveroo SA Unit, 10 Chaveroo San Andres State. Federal of Fee State K-136 Location 10 Chaveroo San Andres State. Federal of Fee State K-136 Location 10 Chaveroo San Andres State. Federal of Fee State K-136 Location 33 Township 7 South Renee 33 East NMPM, Ronseyelt Cen III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Mobil Pipel inc Company P. O. Box 900. Dallas. TX 75221 Name of Authorized Transporter of Cil Completed Gea Ci or Dry Gea Ci Address (Give address to which approved copy of this form is to be sent) NY NGL, Inc. P. O. Box 300. Tulsa, OK 74102 If well produces of or larguas, in the information given is true and complete to the best of my knowledge and belief. Yes NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPILANCE OH CONSERVATION DIVISION I hereby certify that the rides and regulations of the Oil Conservation Division have been request for allowable for a cowly drilled or doe well, this form must be seconapanied by		an a	an frankriger og en en som en som Men som en so	
Sec. 3 3 Haley Chaveroo SA Unit 10 Chaveroo San Andres State K-136 Location		an an an suite ann an suite an	• • • • • • • • • • • • • • • • • • •	
Intervention Intervention Statte Intervention Unit Letter J : 1980 Feet From TheSouthLine and1980 Feet From TheEast Line of Section 33 Township 7 SouthLine and1980 Feet From TheEast III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Mome of Authorized Transporter of Cil (D) or Condensate P. 0. Box 900. Dallas, TX75221 Name of Authorized Transporter of Casingheed Gos (D) or Dry Gos (D) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casingheed Gos (D) or Dry Gos (D) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casingheed Gos (D) or Dry Gos (D) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casingheed Gos (D) or Dry Gos (D) Address (Give address to which approved copy of this form is to be sent) NAME Inc. P. O. Box 300, Tulsa, OK 74102 If well production of tarks. Unit is sec. Twp, if Ree. If this production of tarks. OIL CONSERVATION DIVISION NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE OBCOMENAL Stoner with Auth a	Lease Name Sec.33 Well No. Pool Name, Inclu	ing Formation		Lecas
Unit Letter_J_: 1980 Feet From TheSOUTH_Line and1980 Feet From TheEast	Haley Chaveroo SA Unit 10 Chaveroo S	an Andres	State, Federal or Fee St	tateK-136
Name of Authorized Transporter of Cli (x) or Condensate (in a direct for all owners to which approved copy of this form is to be sent) Mobil Pipeline Company P. 0. Box 900, Dallas, TX 75221 Name of Authorized Transporter of Casinghead Gas (x) or Dry Gas () Not end to the sent of the form is to be form the form is to be sent of the form is to be sent of the form is to be form the form is to be form the form is to be sent of the form is to be sent of the form is to be sent of the form is to be form the form the form the form the form the form is to be form the form is to be form the form the form the form the form the	· ·		мры, Roosevelt	
Mobil Pipeline Company P. O. Box 900, Dallas, TX 75221 Name of Authorized Transporter of Casinghead Gas (2) or Dry Gas (3) Address (Give address to which approved copy of this form is to be sent) OXY NGL, Inc. P. O. Box 300, Tulsa, OK 74102 If well produces oil or Irguida, give location of tanks. Unit Sec. Twp. 'Rge. If well produces oil or Irguida, give location of tanks. Unit Sec. 'Twp. 'Rge. If well 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 OIL CONSERVATION DIVISION 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. OIL CONSERVATION DIVISION Muture W. Muture M. Mu			ress to which approved copy of th	is form is to be sent!
Name of Authorized Transporter of Casinghead Gos (C) or Dry Gas (C) Address (Give address to which approved copy of this form is to be sent) OXY NGL, Inc. P. 0. Box 300, Tulsa, 0K 74102 If well produces oil or liquids, give location of tents. Unit Sec. Twp. 'Rge. Is gas actually connected? When If well produces oil or liquids, give location of tents. Unit Sec. 'Twp. 'Rge. Is gas actually connected? When Yes Yes ''' ''' ''' ''' ''' ''' NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION Address (Give address to which approved copy of this form is to be second participation 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. OIL CONSERVATION DIVISION Method K. Hickman (Signature) District i Supervisor District i Supervisor Production Supervisor (Title) Address (Give address to which approved copy of this form must be filled out completely for able on new and recompleted wells. Method K. Hickman (Signature) (Title) Signature) ''' Production Supervisor (Title) Signature) Signature) November 11, 1988 Fill out				201
OXY NGL, Inc. P. O. Box 300, Tulsa, OK 74102 If well produces oil or liquids, of the second of tenks. Unit Sec. Twp. 'Rge. Is gas actually connected? When of the second of tenks. If this production of tenks. Yes 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 OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Metinda K. Hickman (Signature) Production Supervisor Production Supervisor Movember 11, 1988 (Title) It has sections of this form must be filled out completely for able on new and recompleted wells.	MODIL PIPEITNE COMPANY	P. U. BOX	YUU, Uallas, 1X /5/	is 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: Yes If this production is commingled with that from any other lease or pool, give commingling order number: OIL CONSERVATION DIVISION NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Multure Mefinda K. Hickman (Signature) Production Supervisor Production Supervisor Movember 11, 1988 (Title) (Title) This form must be accompanied by a tabulation of the device taken on the well in accordance with AULE 111.				
If well produces oil or ilquids, Yes 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 OIL CONSERVATION DIVISION 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. ORIGINAL SKONED BY JERAY SEXTON Multiple District I Suprevisor TITLE Multiple This form is to be filed in compliance with AULE 1104. If this is a request for allowable for a newly drilled or does well, this form must be accompanied by a tabulation of the devices taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for table on new and recomplicated wells. November 11, 1988	Intt Sec. Twp. 'R			<u>, , , , , , , , , , , , , , , , , , , </u>
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. Multiple	If well produces oil or liquids,		i i	
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. Multiple and belief. ORGINAL SKONED BY JERRY SEXTON BY ORGINAL SKONED BY JERRY SEXTON BY ORGINAL SKONED BY JERRY SEXTON BY DIL CONSERVATION DIVISION Multiple and belief. ORGINAL SKONED BY JERRY SEXTON BY DISTRICT I SUPERVISOR TITLE This form is to be filled in compliance with AULE 1104. If this is a request for allowable for a newly drilled or doe well, this form must be accompanied by a tabulation of the devises taken on the well in accordance with AULE 111. November 11, 1988 II ent only Sections I, II, III, end VI for changes of completed wells.				
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. ONOV 1 7 1988 Multiple and belief. OMGINAL SIGNED BY JERRY SEXTON BY DISTRICT I SUPERVISOR TITLE This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or doe well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of complete to the sections of the	If this production is commingled with that from any other lease or	pool, give commingling	order number:	· · · · · · · · · · · · · · · · · · ·
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. APPROVED	NOTE: Complete Parts IV and V on reverse side if necessary			
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. APPROVED				
been complied with and that the information given is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED BY JERRY SEXTON Multiple DISTRICT I SUPERVISOR Multiple TITLE Melinda K. Hickman (Signature) This form is to be filled in compliance with AULE 1104. If this is a request for allowable for a newly drilled or doe well, this form must be accompanied by a tabulation of the dev If this is a request for allowable for a newly drilled or doe well, this form must be accompanied by a tabulation of the dev If this is a request for allowable for a newly drilled or doe well, this form must be accompanied by a tabulation of the dev (Title) November 11, 1988	VI. CERTIFICATE OF COMPLIANCE	U	IL CONSERVATION DIVIS	SIUN
been complied with and that the information given is true and complete to the best of my knowledge and belief. ORIGINAL SIGNED BY JERRY SEXTON Multiple DISTRICT I SUPERVISOR Multiple TITLE Melinda K. Hickman (Signature) This form is to be filled in compliance with AULE 1104. If this is a request for allowable for a newly drilled or doe well, this form must be accompanied by a tabulation of the dev If this is a request for allowable for a newly drilled or doe well, this form must be accompanied by a tabulation of the dev If this is a request for allowable for a newly drilled or doe well, this form must be accompanied by a tabulation of the dev (Title) November 11, 1988	I hereby certify that the rules and regulations of the Oil Conservation Divisio	have APPROVED	NUV 1 7 198	88 19
Multiple District I Sureavison Multiple TITLE Metinda K. Hickman (Signature) This form is to be filed in compliance with AULE 1104. If this is a request for allowable for a newly drilled or doe well, this form must be accompanied by a tabulation of the dev Production Supervisor (Title) November 11, 1988			ANGINAL SIGNED BY JE	RAY SEXTON
Multiple TITLE Melinda K. Hickman (Signature) This form is to be filed in compliance with RULE 1104. Melinda K. Hickman (Signature) If this is a request for allowable for a newly drilled or doe well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for able on new and recompleted wells. November 11, 1988	my knowledge and belief.	BY	DISTRICT I SUPER	ASOR
Melinda K. Hickman (Signature) Production Supervisor (Title) November 11, 1988 This form is to be filled in compliance with AULE 1104. If this is a request for allowable for a newly drilled or doe well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for able on new and recompleted wells. Fill out only Sections I. H. III, and VI for changes of complete tests.	•		D ISTRICT C	
If this is a request for allowable for a newly drilled or doe MeFinda K. Hickman (Signature) Production Supervisor (Title) November 11, 1988			·····	
MeFinda K. Hickman (Signature) weil, this form must be accompanied by a tabulation of the dev Production Supervisor tasts taken on the well in accordance with AULE 111. (Title) (Title) November 11, 1988 Fill out only Sections I. II. III. and VI for changes of companies of compani	Milida Vi Dickman	This form	is to be filed in compliance w	WITH RULE 1104.
Production Supervisor tests taken on the well in accordance with HULE 111. All sections of this form must be filled out completely for able on new and recompleted wells. November 11, 1988 Fill out only Sections I. II. III. and VI for changes of completed wells.	Molinda K. Hickman (Simul			
Production Supervisor All sections of this form must be filled out completely for able on new and recompleted wells. November 11, 1988 Fill out only Sections I. II. III. and VI for changes of completely for the section of the sectin of the section of the section of the sectin of the se				
November 11, 1988 Fill out only Sections I. II. III. and VI for changes of c		11		
The second	-	. ·] able on new an	id recompleted wells.	
	NOVEMBER 11, 1988			

•

•

.

~___

Separate Forma C-104 must be filed for each pool in multip completed wells.

•

: .'

. ·.

•

.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

IV. COMPLETION DATA

IV. COMPLETION DATA		OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'y
Designate Type of Completio	n = (X)					1	1	1 1 1	1 · · · · · · · · · · · · · · · · · · ·
Date Spudded	Date Compl.	Ready to	Prod.	Total Depti	· ·	•	P.B.T.D.	· · · ·	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fo	rmation	Top Oll/Ga	ις Ραγ	· · · ·	Tubing Dep	th	•
Perforations	· · · · · · · · · · · · · · · · · · ·		· · · · · · ·		· · · · · · · ·		Depth Casi	-	
	· · · · · · · · · · · · · · · · · · ·	TUBING	, CASING, AN	D CEMENTI	NG RECORD)			
HOLE SIZE	: CASI	NG & TUE	SING SIZE		DEPTHSE	T :-	S.	ACKS CEME	TN
						·			<u></u>
						·····			
	1								

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 allow OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	Producing Method (Flow, pump, gas 11)1, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oii - Bbls.	Water-Bbls.	Gas-MCF		

. (GAS WELL		·	
		Length of Teat	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Prosoure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
	Testing Muthod (pitot, buck pity			

RECEIVED

NOV 15 1988

OCD HOBBS OFFICE