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

, Minerals and Natural Resources Department

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

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MURPHY OPERATING CORPORATION								Well API No.			
Address P. O. Drawer 2648, R	loswell, I	New Mex	cico	8820	2-2648		······································				
Reason(s) for Filing (Check proper box)						t (Please expla	în)				
Vew Well	C	hange in Tra	ausport	er of:							
Recompletion	Oil	Dr 🕅			Change	effecti	ve Augu	st 1, 1989			
· 🗀	Casinghead (		ondens:	_				•			
hange in Operator	Calightad (										
change of operator give name ad address of previous operator			:	<del></del>						<del>.</del>	
L DESCRIPTION OF WELL	AND LEAS	E INO IR	ol Nav	ne Includir	a Formation		Vind.	of Lease	1	ise No.	
Lease Name Haley Chaveroo SA Unit Sec 33 Well No. Pool Name, Including Chaveroo					San And	res	State,	State, XXXXXXXXXXXX		369	
Location Unit Letter0	. 660	Fe	et Fro	m The SO	uth Line	and19	80Fe	et From TheE	ast	Line	
Section 33 Townsh	t, NN	MPM,	Roose	velt	velt County						
II. DESIGNATION OF TRAN											
		r Condensat		- INALUA	Address (Give	e address to wh	ich approved	com of this form	is to be see	-1)	
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sen!)  P. O. Box 60628, Midland, Texas 79711-0608									
Texaco Transportation											
Name of Authorized Transporter of Casin	ighead Gas	or or	r Dry C	ias []	Address (Give	e address to wh	iich approved	l copy of this form i	s to be ser	·ተ)	
If well produces oil or liquids,	Unit S	ec. T	wp.	Rge.	Is gas actually connected? W			п?			
f this production is commingled with that	from any other	lease or poo	ol, give	commingl	ing order numb	per:					
V. COMPLETION DATA		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back  San	ne Res'v	Diff Res'v	
Designate Type of Completion		Pandy to P			Total Depth	<u> </u>	İ	I I I I I I I I I I I I I I I I I I I		<u></u>	
Date Spudded	Date Compl.	Ready to F	100.		Tour Depar			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
Perforations									Depth Casing Shoe		
	ידר	IRING C	'A ST	IG AND	CEMENTI	NG RECOR	!D		<del></del>		
11017 0177	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SAC	KS CEMI	FNT	
HOLE SIZE	CASI	140 & 100				DCI III OCI		- OAG	110 021111		
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE						£.!! 27 L		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test		1000	ou and mus		lethod (Flow, p		is depth or be for j	W1 24 NOW	<i>0</i> 3.)	
		m i i n			Casing Press			Choke Size	Choke Size		
Length of Test	Tubing Pres	Tubing Pressure			'						
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL						,					
Actual Prod. Test - MCF/D	Length of T	Length of Test				Bbls, Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI	CATE OF	COMPI	LIA	VCE	1	<u> </u>		/47:0::-	n		
I hereby certify that the rules and rep						OIL CO	N2FH/	VATION D			
Division have been complied with a	nd that the infor	mation give	n abov	e	-			OCT	18	1989	
is true and complete to the best of m	/	, sould.			Dat	e Approv	ed			~ ~ ~ ~	
Laurian					By.		i e i i i e e e e e e e e e e e e e e e	IN DY IFRRY S	EXTON		
Signature Lori A. Brown Production Supervisor						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name August 28, 1980	505/6	523-721	Title 0		Title	e		· · · · · · · · · · · · · · · · · · ·			
Date			phone	No.							

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.