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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8741	•	,	Santa F	e, New	Mexico 87	504-2088					
I.	REC	UEST	FOR A	ALLOW	ARI E ANI		RIZATION	Į			
1 -	Operator TO THANSPORT OIL AND NATURAL GAS										
Address	OIL CORPORATION						Well API No.				
777 Main Street Reason(s) for Filing (Check proper box,	, Suite	2500,	Ft.	Worth	, TX 7610	)2					
New Well	•	Chance	in Tana	porter of:	0	ther (Please ex	plain)			<del></del>	
Recompletion Change in Operator	Oil Casinob		Dry C	ias 🗀							
if change of operator give name and address of previous operator	MURPHY				ATION				1 7		
IL DESCRIPTION OF WELL	AND LE	ASE					· · · · · · · · · · · · · · · · · · ·				
Haley (SA Unit Sec.	Well No.   Pool Name, Including Formation   K   S   Chaveroo San Andres   S							of Lease Federal or Fee	L	ease No.	
Unit Letter H	. 19	80		rom The	N			June 1	K-1	1369	
Section 33 Townsh			Range		T		60_F	eet From The	ع	Line	
III. DESIGNATION OF TRAI	NSPORTE	D OF C				МРМ,		ROOSEVEI	T	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATI					Address (Give address to which approved copy of this form is to be zent)						
Name of Authorized Transporter of Casin											
If well produces oil or limids	Unit	<u> </u>	or Dry	-,			hich approved	copy of this for	1 is to be se	int)	
give location of tanks.	i i	Sec.	Twp		e. Is gas actual		When	2 7			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, giv	e commin	gling order num	iber:					
Designate Type of Completion	- (Y)	Oil Well	1	as Well	New Well	Workover	Dames	)			
Date Spudded	Date Comp	d. Ready ic	Prod.		Total Depth	I	Deepen	Plug Back  Sa	me Res'v	Diff Res'v	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil Gas Pay			P.B.T.D.			
riorations								Tubing Depth			
			<del></del>					Depth Casing S	hoe		
HOLE SIZE	T	UBING,	CASIN	IG AND	CEMENTI	VG RECOR	D	1			
	CASING & TUBING SIZE				<del> </del>	DEPTH SET			SACKS CEMENT		
					<del>1</del>						
7. TEST DATA AND REQUES	T FOR A	LLOW	D. D.								
OIL WELL (Test must be after re	COVERY of Low	LLUWA Najuma e	REFE								
Date First New Oil Run To Tank	Date of Test  Producing Method (Flow, pump, gas lift, etc.)									:)	
ength of Test	Tubing Pressure				Casing Pressul	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	Water - Bbls.			Gas- MCF		
GAS WELL		·				<del></del>					
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	101				Casino Pressir	asing Pressure (Shui-in)					
T OPERATION -					7 103.20	c (Stut-IB)	1	Choke Size			
L OPERATOR CERTIFICA	TE OF	COMPL	LIANC	Œ			<u>-</u>				
Division have been complied with and that the info					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date	Approved	0	GT 01	1991		
Signature Betty Usry Production Report Sup.											
Title					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
9-18-91 Date	817/3	38-404			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
- 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 post in must