e District Office

State of New Mexico
inergy inerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l <u>.</u>		TO TR	<u>ANSP</u>	ORTOL	- AND NA	TURAL GA	4S					
Decause Murphy Operating Corporation							Well .	API No.				
Address P. O. Drawer 2648, R	•		Mexic	n 88202	-2648				· :			
Reason(s) for Filing (Check proper box)	OSWC+1,	HCW I	ICAIC	0 00202		er (Please expla	in)					
New Well		Change i	n Transp	orter of:		(v 						
Recompletion							Change of Transportor Effective April 1, 19					
Change in Operator	Casinghea		_			.,		-,,,				
f change of operator give name and address of previous operator										<u>.</u>		
I. DESCRIPTION OF WELL	ANDIE	CE								 ;		
Lease Name			Pool N	Vame Includi	ng Formation		Viad	of Lease	<u> </u>	·		
Haley Chaveroo San And Location		_1	1		San And	lres		**************************************	X K-1	ezse No. .369		
Unit Letter A	:66	0	_ Feet F	rom The	North Lin	e and660)· F	∞t From The .	East	Line		
Section 33 Townsh	ip 7 S	outh	Range	33 E	ast , Nī		ooseve1			County		
II. DESIGNATION OF TRAN	SPORTE			UTAN D	RAL GAS			AN CORP EF				
Name of Authorized Transporter of Oil		or Conde	nsale	□ .	Address (Giv	Box 1183,	Housto	n. Texa	orm is to be se	1183		
The Permian Corporat Name of Authorized Transporter of Casin			or Dry	Gas		e address to w		<u> </u>				
If well produces oil or liquids,	Unit Sec. Twp. Rgc.				ls gas actuali	y connected?	When	?	?			
pive location of tanks.	<u>i </u>		1				i					
f this production is commingled with that IV. COMPLETION DATA	from any oth	er lease oi	rpool, gi	ive comming	ling order num	ber:			· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completion	- (X)	Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth	<u></u>	1	P.B.T.D.	<u> </u>	_L			
Elevations (DF, RXB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations					<u></u>	Depth Casing						
						·						
					CEMENTI	NG RECOR	D		• • • • • • • • • • • • • • • • • • • •	···		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZ				DEPTH SET			SACKS CEMENT				
				 	ļ							
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	E				<u> </u>				
OIL WELL (Test must be after					be equal so or	r exceed top all	owable for th	is depth or be	for full 24 hou	urs.)		
Date First New Oil Run To Tank	Date of Te	র			Producing M	ethod (Flow, p	ump, gas lift,	eic.)	**			
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size			
Deally of 1-ca	Tability Tressure				•							
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL						•						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pivot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			· Choke Size			
VI. OPERATOR CERTIFIC	L	\mathcal{L}	PT TA	NCF	1	· · · · · · · · · · · · · · · · · · ·	• · · · · · · · · · · · · · · · · · · ·					
I hereby certify that the rules and reg						OIL COI	VSERV	'ATION	DIVISION	NC		
Division have been complied with an is true and complete to the best of my	d that the insc	rmation g			. Dot		لم	APR	111	1åQ		
An it	301.	, /			Date	e Approve ::	÷α					
JULI COLON					By_		*********	NEO BY JE	RRY SEXT	ON		
Lori Brown Production Supervisor							BISTRIC	CT I SUPER	VISOR			
Printed Name March 26, 1990	(505) 6		Title 10 elephone		Title	•••••		···.		·		
Date		1	cicpione		11							

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.