STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	
	Form C-104 Revised 10-01-78
	ATION DIVISION Format 06-01-83 Page 1
P. O. BC	DX 2088
	W MEXICO 87501
	· · · · · · · · · · · · · · · · · · ·
REQUEST FO	RALLOWABLE
PROBATION OFFICE	ND PORT OIL AND NATURAL GAS
l	
MURPHY OPERATING CORPORATION	
Address	
P. O. Drawer 2648, Roswell, New Mexico 88202	2-2648
Reason(s) for filing (Check proper box)	Other (Please explain)
	CHANGE OF WELL NAME & NUMBER
	Change effective November 1, 1988 Condensate Previously NM AZ State #6
and address of previous owner	n needen an
II. DESCRIPTION OF WELL AND LEASE	
Lease Name SCC.33 Well No. Pool Name, Including F	"ormation Kind of Lease
Haley Chaveroo SA Unit, 14 Chaveroo San	Andres State K-3935
	1000
Unit Letter N : 660 Feat From The South Lin	ne and <u>1980</u> Feet From The <u>West</u>
Line of Section 33 Township 7 South Range	33 East , NMPM, ROOSEVelt County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	LGAS Adatess (Give address to which approved copy of this form is to be sent)
Mobil Pipeline Company	P. O. Box 900, Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas 🕅 or Dry Gas	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 liquids, only sec. (wp. 1990) give location of tanks. E 33 7S 33E	Yes 6/6/66
If this production is commingled with that from any other lease or pool,	
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	APPROVED
been complied with and that the information given is true and complete to the best of my knowledge and belief.	
	BYDISTRICT SUPERVISOR
	TITLE
Melinde R. Shekman	This form is to be filed in compliance with RULE 1104.
MeTinda K. Hickman (Signature)	If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation
Production Supervisor	tests taken on the well in accordance with RULX 111. All sections of this form must be filled out completely for allow
(Tille)	sbie on new and recompleted wells.
November 11, 1988	Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporten or other such change of condition
	Separate Forms C-104 must be filed for each pool in multipl
and the second	i completed wells.
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Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

IV. COMPLETION DATA

IV. COMPLETION DATA		Oli Well Gas Well	New Well	Workover	Deepen	Plug Bock	Same Res'v.	Diff. Res'y
Designate Type of Completio	n — (X)		1 7 1	F	l t ·	1	1 1 · · · · · ·	8 · 1 1
Date Spudded		. Ready to Prod.	Total Depth	• • • •	· · · ·	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)		oducing Formation	Top Oll/Ga	s Pay		Tubing Dep	ih in in in i	
		namen an eine an eine An eine an eine An eine An eine				Depth Casi	ng Shoe	
		TUBING, CASING, AND	CEMENTI	AC RECORD	•	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE STAR	CASI	NG & TUBING SIZE	1 K	DEPTH SE	r ef	S/	CKS CEMEN	<u>чт `: ` ти</u>
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and the second				· · · · · · · · · · · · · · · · · · ·	•			
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	1		1	•		<u> </u>		

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

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Longth of Test	Tubing Pressure	Casing Procesure	Choke Size	
Actual Prod. During Test	Oli-Bbie.	Water-Bbls.	Gas-MCF	

(GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate
l				
ļ		Tubing Proseure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
ł	Testing Method (pirot, back pr.)	I wind Flore a (Buse-12)		
ł				<u> </u>

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