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Appropriate District Office
DISTRICT i
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico En. \_\_\_, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator							Well A	LPI No.			
MURPHY OPERATING CORE	ORATIO	N					i				
ddress	:						· · · · · · · · · · · · · · · · · · ·			<del></del>	
P. 0. Drawer 2648, Ro	swell.	New M	exico	88202	2-2648						
eason(s) for Filing (Check proper box)					Oth	er (Please expla	in)				
ew Well		Change in	n Transpo	nter of:							
ecompletion .	Oil	X	Dry Ga	s 📙	Chang	e effect	ive Augı	ist 1, 1989			
hange in Operator	Casinghea	ad Gas 🔲	Conden	sate							
change of operator give name i address of previous operator											
DESCRIPTION OF WELL	AND LE.	ASE					-				
ease Name Well No. Pool Name, Inc					ng Formation		Kind	of Lease No.			
Haley Chaveroo SA Unit	: Sec 3	sec 34 6   Chaveroo				res		XFXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
ocation		<u> </u>						L			
Unit Letter F	_ :1	980	_ Feet Fr	om The No	rth Lin	and	1980 F	et From TheW	est	Line	
Section 34 Townshi	p 7 Sc	outh	Range	33 Ea	st ,N	MPM,	_ Rooses	velt		County	
			XX 13T				1 11 11 11 11 11 11 11 11 11 11 11 11				
I. DESIGNATION OF TRAN				DNATU						<del> </del>	
ame of Authorized Transporter of Oil	$\stackrel{\smile}{\triangle}$	or Conde			Address (Give address to which approved copy of this form is to be sen!)						
Texaco Transportation	P. O. Box 60628, Midland, Texas 79711-0608										
ne of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?			When?			
e location of tanks.	1						l				
his production is commingled with that COMPLETION DATA	from any od	her lease o	r pool, giv	e comming!	ing order num	ber:					
		Oil We	11 0	Gas Well	New Well	Workover	Deepen	Plug Back   Sam	e Res'v	Diff Res'v	
Designate Type of Completion		_L			T		<u> </u>	<u> </u>			
ate Spudded	Date Com	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay			Tubing Depth							
erforations								Depth Casing She	œ		
	-	TUBINO	, CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET		SAC	KS CEM	ENT	
. TEST DATA AND REQUE						•					
IL WELL (Test must be after	recovery of i	total volum	e of load	oil and must	be equal to o	r exceed top all	owable for th	is depth or be for fi	41 24 hou	rs.)	
ate First New Oil Run To Tank	Date of T					lethod (Flow, p	<del></del>				
	}										
ength of Test	Tubing Pressure				Casing Press	sure		Choke Size			
•											
ctual Prod. During Test	Oil - Bbl:	Oil - Bbls.				Water - Bbls.			Gas- MCF		
•											
CACTATE! I					<del></del>	•					
GAS WELL Actual Prod. Test - MCF/D	Hength of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
iciuzi Prod. Test - MCP/D	Lengur of	Length of Test			DOIS. CONGENSATE/MIMICE			Gravity of Condensate			
	ng Method (pirot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			· Choke Size			
esung Meinoa (puol, back pr.)								CHORE SIZE			
7. OPERATOR CERTIFIC	TATE O	F CON	TPI IA	NCE.		<del></del>				· · · · · · ·	
				,		OIL COI	VSER\	/ATION DI	VISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above								0CT 1			
is true and complete to the best of my		_	-		Det	n Ann	ാർ	0011	UN	UU	
mh n. Ha	^ ~	/			li Dat	e Approve	eu				
Styl of 10x1 Xld	11111	/				•••					
Signature	- W/	<i>{</i>			∥ By.		ORIGIN	IAL SIGNER	<del></del>		
Signature  Lori A. Brown Production Supervisor						DISTRICT I SUPERVISOR					
Printed Name	<del>,</del>	+ <del>U++-3U</del>	Tide	<del>501</del>	Title	a		1 3UP	rRVIS(	OR	
August 28, 1989		505/62			110			*.			
Date		7	Celephone	No.	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.

RECEIVED

OCT 16 1989
CCO