## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Competed   MURPHY OPERATING CORPORATION	I. AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS			
Reconcy   for filing (Cheek proper box)					
P. 0. Drawer 2648, Roswell, New Mexico 88202-2648    Restor(s) for filing (check proper, box)   Change in Transporter of:   Dry Ga:   Change in Grandporter of:   Dry Ga:   Dry Ga		The second secon			
Recently for filing tickets proper, box	•	-2648			
Recompletion					
Change in Ownership   Out   Castangheed Gas   Condensate   Condensat					
If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Lecase Name Sec. 34   Well No.   Pool Name, including Formation   Kind of Lease   State   No.   State   No.   Haley Chaveroo SA Unit   2   Chaveroo San Andres   State   K-3935    Lecation Unit Letter   B   : 660   Foot From The   North   Line and   1980   Foot From The   East   Line of Section   34   Township   7   South   Range   33   East   NMPM,   Roosevelt   County    III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS    None of Authorized Transporter of CII   Or Condensate   Address (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 Candensate   Production of tonts   E   33   75   33E   Yes   6/6/66    If this production is commingled with that from any other lease or pool, give commingling order number:    NOTE: Complete Parts IV and V on reverse side if necessary.   OIL CONSERVATION DIVISION     NOTE: Complete Parts IV and V on reverse side if necessary.   OIL CONSERVATION DIVISION     NOTE: Complete Parts IV and V on reverse side if necessary.   OIL CONSERVATION DIVISION     NOTE: Complete Parts IV and V on reverse side if necessary.   OIL CONSERVATION DIVISION     NOTE: This form is to be filed in compliance with null to 1104.     ORIGINAL SIGNBED BY JERRY SEXTON     DISTRICT I SUPERVISOR   TITLE   This form is to be accompanied by a tabulation of the devisation is taken on the well in accordance with null to 1104.     OIL CONSERVATION DIVISION   DIVIS	Recompletion Otl Dry	■ Para tree 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Sec. 34  Well No. Pool Name, Including Formation  Haley Chaveroo SA Unit  2 Chaveroo San Andres  State, Federal or Fee State K-3935  Location  Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East  Line of Section 34 Township 7 South Range 33 East NMPM, Rooseyelt County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Nome of Authorized Transporter of Clin (C) or Condensate Address (Give address to which approved copy of this form is to be sent)  Mobil Pipel ine Company  Name of Authorized Transporter of Casinghead Gas (C) or Dry Gas Address (Give address to which approved copy of this form is to be sent)  NOXY NGL, Inc.  P. O. Box 300, Tulsa, OK 74102  If well produces oil or liquids, of the first and other lease or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  Note: Original signature)  Production Supervisor  Melinda K. Hickman (Signature)  Production Supervisor  All sections of this form is to be filed in compliance with Aule 1104.  All sections of this form may be accompanied by a tibulation of the deviations that tests taken on the well in accordance with Aule 11104.  All sections of this form may be filed out completely for allowable for a newly diffiled or deepen well, this form may be accompanied by a tubulation of the deviations take the section of the deviation takes the section of the deviation takes the section of the foliation of the deviation of the completely for allowable for a newly distilled or completely for allowable for a completely for allowable	Change in Ownership Casinghead Gas Con	Previously NM AZ State #12			
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Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East  Line of Section 34 Township 7 South Range 33 Fast NMPM, Roosevelt County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil \( \) or Condensate \( \) Address (Give address to which approved copy of this form is to be sent)  Norme of Authorized Transporter of Cosinghead Gas \( \) or Dry Gas \( \) Address (Give address to which approved copy of this form is to be sent)  OXY NGL, Inc.  If well produces oil or liquids,   Unit   Sec.   Twp.   Rgs.   Is gas actually connected?   When give location of tonts.   E   33   7S   33E   Yes   6/6/66  If this production is commingled with that from any other lease or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISION  APPROVED   17 1988   19  ORIGINAL SIGNED BY JERRY SEXTON   DISTRICT I SUPERVISOR  TITLE   This form is to be filled in compliance with RULE 1104.   If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation is taken on the well in accordance with RULE 1104.   All sections of this form must be filled out completely for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation is taken on the well in accordance with RULE 1104.   All sections of this form must be filled out completely for allowable for a life out co		ndres State K-3935			
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(Title)					
	4	able on new and recompleted wells.			
November 11, 1988  Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition	· · · · · · · · · · · · · · · · · · ·				
Separate Forms C-104 must be filled for each pool in multip		Separate Forms C-104 must be filled for each pool in multip completed wells.			

IV. COMPLETION DATA			<del></del>	<del>,</del>	<del></del>	law a		
Designate Type of Complete	on - (X)   Oil Well   Gas Well	New Well Workover	Deepen	Plug Back	Same Restv.	Dill. Res'		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	• •	P.B.T.D.				
Elevations (DF, RXB, RT, GR, etc.;	Name of Producing Formation	Top Oil/Gas Pay	Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		
n naka umumi.	TUBING, CASING,	LND CEMENTING RECORD			e Sign	1.64		
	SOCASING & TUBING SIZE		DEPTH SET SACKS CEMENT			<b>1</b> T		
and the second of the second o			ALL CHARLES		2.74.95			
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V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this	e after recovery of total volum e depth or be for full 24 hours)	e of load oil	and must be s	qual to or exc	eed top all		
Date First New Oil Run To Tanks	Date of Test	Producing Mathed (Flow,	Producing Mathod (Flow, pump, gas lift, etc.)			•		
Length of Test	Tubing Pressure	Casing Pressure		Choke Size				
Actual Prod. During Test	OII-Bbls.	Woter - Bbls.		Gas-MCF				
						,		
GAS WELL	Langth of Test	Bbis. Condensate/MMCF		Gravity of	Condensate			
Actual Prod. Test-MCF/D	reudin of last	Buis, Coixianadis/MMC1		3.27.17.51				
Testing Mothod (pitot, back pr.)	Tubing Presews (Shut-in)	Coming Pressure (Shut-	in)	Choke Size		-		

. RECEIVED NOV 15 1988

OCD OFFICE.