Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box. 1980, Hobbs, NM 88240

State of New Mexico Energy 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

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Т	OTRAN	SPORT	OIL	TAN DNA	URAL GA	S Well A				
Operator Murphy Operating Corporation											
Murphy Operating Corpo	ration						- 		· · · · · · · · · · · · · · · · · · ·		
P. O. Drawer 2648, Ro	swell,	New Mex	cico 88	3202-							
Reason(s) for Filing (Check proper box)		Thanse in Tr	anerostet O	f:	Othe	r (Please explai	n)				
New Well Recompletion	Change in Transporter of: Oil Dry Gas Change of Transportor Effective April 1, 1990										
Change in Operator	Casinghead	Gas C	ondenmie		·						
If change of operator give name and address of previous operator							<u> </u>		· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL A	ND LEA	SE									
Lease Name	Sec Well No. Pool Name, Including				Comp. E						
Haley Chaveroo SA Unit 34 9 Chaveroo San Andres State, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX											
Location Unit Letter I	:1980)F	eet From T	he <u>S</u> (outh Line	and 660	Fcc	t From The	East	Line	
Section 34 Township	7 Sc	outh R	lange 3	3 Eas	st , na	ирм, R	oosevel	<u>t</u>		County	
III. DESIGNATION OF TRANS	SPORTE	R OF OIL	AND N	ATUF	CAL GAS		OCK PERMI				
Name of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183					
The Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
DX4 WALL	NC										
If well produces oil or liquids, give location of tanks.	i i	i_	ſwp.		Is gas actually		When	?			
If this production is commingled with that f	rom any other	er lease or po	ool, give co	nmingli	ng order num	xer:					
IV. COMPLETION DATA		Oil Well	Gas V	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		i	<u> </u>		Total Depth	l		ļ	1	1	
Date Spudded	Date Compl. Ready to Prod.			,			P.B.T.D.				
Elevations (DF, RXB, RT, GR, etc.)	Name of Producing Formation				Top OiVGas Pay			Tubing Depth			
Perforations								Depth Casi	ng Shoe		
TUBING, CASING AND C						NG RECOF	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
The second secon	TE EOD	I I OWA	DIE		<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ecovery of to	otal volume o	of load oil a	and must	be equal to o	r exceed top al	lowable for th	is depth or be	e for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Te				Producing M	lethod (Flow, p	ump, gas lift,	eic.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Length of 168	Thomas Tressure						C. VCF				
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 (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			· Choke Si	Choke Size			
VI. OPERATOR CERTIFIC				连.		OIL CO	NSER\	/ATION	1 DIVISI	ON "	
I hereby certify that the rules and regulations of the Oil Conservation Oivision have been complied with and that the information given above					APR 1 1 1990						
is true and complete to the best of my knowledge and belief.					Da	te Approv	ed	MIN	1 1 100	V	
tru, F	2010	x /					٠.	A sometime and			
Signature					Ву	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
	Lori Brown Production Supervisor Printed Name Title					Title					
March 26, 1990	March 26, 1990 (505) 623-7210					<u> </u>		**:			
Date	e responsable to the second					dans a variation	a contract and a	10 C C (10 C)	elfografikerstjære.	al de desirables estário	

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.