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

## State of New Mexico Energy "dinerals 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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

· •	٦	TO TRA	NSP	ORT OIL	AND NA	TURAL GA					
Operator		_					Well A	Pl No.			
Murphy Operating Corp	oration :	n			•				· · ·		
P. (). Drawer 2648, Ro	swell,	New M	exic	o 88202							
Reason(s) for Filing (Check proper box)		Change in	Trans	order of:	∐ Ouh	es (Please expla	iin)				
New Well Recompletion	Oil		Dry G		Char	nge of Tr	ansport	or Effec	ctive Ap	ril 1,	
Change in Operator	Casinghead		-								
f change of operator give name and address of previous operator				,							
L DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	Seci	Well No.	Pool 1	Name, Includi	ng Formation	······································		of Lease		ease No.	
Haley Chaveroo SA Unit	-	16	1		San And	dres	State,		K-3	935	
Location Unit Letter P	:66	0	Feet F	From The	South Lin	e and 660	Fe	≈t From The .	East	- Line	
Section 34 Township	7 :	South_	Range	23 Ea	st ,N	мрм, Ро	osevelt			County	
III. DESIGNATION OF TRAN	ያ <u></u> ያስጽሞም	R OF O	YY. A?	UTAN ON	RAL GAS	SCUR	LOCK PERM	IIAN CORP E	FF 9-1-91		
Name of Authorized Transporter of Oil	[X]	or Conder			Address (Gi	ve address to w	hich approved	copy of this f	orm is to be se	ː건)	
The Permian Gerperati	on_			<u> </u>	P. O. E	3ox 1183,	Housto	n, Texas	s 77251-	1183	
Name of Authorized Transporter of Casing	NC .	<b>X</b>		y Gas	Address (Gi	ve address to wi			orm is to be se	TV1)	
If well produces oil or liquids, procession of tanks.	Unit	Sec.	Twp.			ly connected?	When	?			
If this production is commingled with that i	rom any oth	er lease or	pool, g	give comming	ing order num	iber:					
IV. CCMPLETION DATA	· · · · · · · · · · · · · · · · · · ·	Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	]			<u> </u>	1	1 Days	l ridg Back	Same Kes v	Jan Kes v	
Date Spuided	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth						
Perforations		,			J		·····	Depth Casis	ng Shoe		
		DIMBIL	CAS	ING AND	CEMENT	ING RECOR	2D	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CLIVILIVI	DEPTH SET			SACKS CEMENT		
HOCE OILE											
								-			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E							
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te		e of loa	d oil and mus	Producing N	or exceed top all dethod (Flow, p	iowable for it	us depth or be etc.)	for full 24 ho	ωs.)	
Date First New Oil Run 10 1ank	Date of 16	53L									
Length cf Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
						····					
GAS WELL					Thu-			10-25-3	Condenses		
Actual Frod, Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)				Casing Pressure (Shut-in)			· Choke Size			
VI. OPERATOR CERTIFIC	LATE O	F COM	PI I	ANCE				44			
I hereby certify that the rules and regu	lations of th	e Oil Cons	ervatio	na '		OIL CO	NSER				
Division have been complied with and	d that the inf	ormation g	iven ab	χονε				APR :	1 1 199	n	
is the and complete to the best of my	knowledge	and belief.			Da	te Approv	ed		100	<del></del>	
Tori 10	ow				By	, OR	ACINAL SE	GNED BY J	IERRY ŠĖX RVISOR	TON	
Signature Lori Brown	Produc	tion S			-,	•					
Printed Name	(505)	623-72	Tid 10	le	Titl	le					
March 26, 1990	(202)	060-16	10		11			•••			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

APR & 1590 OCD HOBBS OFFICE