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

## State of New Mexico Energy, 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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		OTRA	INSPC	DRT OIL	_ AND NA	TURAL G	AS				
Operator  MUDDIN ODERATING CODE	ODDODATION						Well	I API No.			
MURPHY OPERATING CORE	PURATION			:			1		`		
P.O. Drawer 2648, Ros	swell, Ne	w Mex	ico 8	<u>8202-2</u>	648						
Reason(s) for Filing (Check proper box)		<b>~</b> .	_		Oth	er (Please expl	ain)				
New Well Recompletion	Oil	Change in	Dry Gas		Cha	ange effe	ective A	August 1	. 1989		
Change in Operator		,	,	.ugust 1	, 1505						
If change of operator give name	Casinghead		Condens								
and address of previous operator			<del></del>								
II. DESCRIPTION OF WELI			T	<del></del>			<del></del>				
Lease Name					-			i of Lease Lease No.			
State Section 35			L CII	averou	Sall Alle	ires		'XXXXXX	x   0G-0	29	
Unit Letter	:198	80	Feet Fro	m The So	uth Lin	e and660	F	eet From The	West	Line	
Section 35 Towns	hip 7 S	outh	Range	33 Ea	st ,N	мрм,	Rooseve	elt		County	
III. DESIGNATION OF TRA	NSPORTE	OF OI	L ANI	NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condens	sate [			e address to wi	hich approved	d copy of this f	form is to be se	nt)	
Texaco Trading & Transportation Inc.					P.O. Box 60628, Midland, Texas 79711-0608  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casi	nghead Gas	$\triangleright$	or Dry C	ias	Address (Giv	e address to wi	hich approved	d copy of this f	orm is to be se	nt)	
If well produces oil or liquids,	Unit	Sec.	Twp.	l Ree	Is gas actuall	v connected?	When	. ?	<del></del>		
rive location of tanks.	1 0	· ·			las gas account	y comected:	When	1 :			
f this production is commingled with tha	t from any othe	r lease or p	pool, give	commingl	ing order num	ber:					
V. COMPLETION DATA		Oil Well		as Well	Now 37/-11	1 37/- 1	<del>1</del>	1 5. 5 .	Ta = :		
Designate Type of Completion	n - (X)	l on wen	0	as well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
		·····									
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE		l				U-174.44		
OIL WELL (Test must be after	recovery of total	al volume d	of load oi	l and must	be equal to or	exceed top allo	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tuhing Pres	SIITE			Casing Press	ıre		Choke Size			
	Tuoing Fress	Tubing Pressure				<del>-</del>			CHORO DIZO		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.						Gas- MCF			
GAS WELL					!	•					
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conder	sate/MMCF		Gravity of C	Condensate		
·					•						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC				ÇE			ICEDV	ATION	חואוכוכ	NI	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my			an adove		Date	Approve	d	OCT	1 8 198	9	
Spri a Brown					ORIGINAL SIGNED BY JERRY SEXTON						
Signaturé Lori A. Brown Printed Name	Productio			or			DIST	TRICT I SUP	ERVISOR		
August 28, 1989	(505)	623-	721o		Title			<del> </del>			
Date		Teler	phone 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.

Telephone No.

- 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.