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

State of New Mexico 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 Brazos Rd., Azzec, NM 87410

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

OOO RIO BRIZOS Rd., AZIEC, NM 8/411	REQUEST FOR ALLC		LE AND AUTHORIZ AND NATURAL GA				
Operator Murphy Operating C		Well A	Well API No. 3D-041-10485				
Address	Roswell, New Mexico	88202		<u>~</u>			
Reason(s) for Filing (Check proper box New Well Recompletion Change in Operator		of:	Change of v Effective (well # October	1, 1989		2
f change of operator give name and address of previous operator							
I. DESCRIPTION OF WEL	L AND LEASE Well No. Pool Name,	I aludia	a Famatica		of Lease	Lease N	
Lease Name <u>Jennifer Chaveroo S</u> Location	San Andres	K-1276					
Unit Letter	: 1980 Feet From 7	The NO	orth Line and 660	Fo	et From The W	lest	_Line
Section 25 Town	ship 7 South Range 3	3 Eas		osevelt			xunty
III. DESIGNATION OF TRA	ANSPORTER OF OIL AND N	NATUR	RAL GAS Address (Give address to whi		IAN CORP EFF		
The Permian Corporation			P. O. Box 1183, Houston, Texas 77251-1183				3
Name of Authorized Transporter of Ca	singhead Gas S or Dry Gas	· 🗆	Address (Give address to whi	ich approved	copy of this form	is to be sent)	
If well produces oil or liquids, pive location of tanks.	Unit Sec. Twp.	Rge.	Is gas actually connected?	When	?		
f this production is commingled with the V. COMPLETION DATA	hat from any other lease or pool, give co	ommingli	ng order number:				
Designate Type of Completion	1	Well	New Well Workover	Deepen	Plug Back Sar	ne Res'v Diff	Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth	•	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation T			Top Oil/Gas Pay	Tubing Depth			
Perforations		1	 		Depth Casing Si	hoe	
	TUBING, CASING	AND	CEMENTING RECOR	D	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
					1		
V. TEST DATA AND REQU	JEST FOR ALLOWABLE		he and to as expeed top allo	oumble for th	is depth or he for	6dl 2d hours	
OIL WELL (Test must be aft Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu	eic.)	,		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbls.		Gas- MCF	
			,	 	· ·	•	
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	<u></u>	Gravity of Con	ndensate	
Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIF	FICATE OF COMPLIANC		011,000	UCED)	'ATION D	IVICION	
I hereby certify that the rules and t	regulations of the Oil Conservation and that the information given above	•				7 3 () 19	
J. Beno			Date Approve				
Signature Lori Brown Production Supervisor			By Orig. Signed by Paul Kautz				
Lori Brown Printed Name 3/7/90	Tiue (505) 623-7210	Title					
Date	Telephone No.				• *		

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.