Submit 5 Copies
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

TO TRANSPORT OIL AND NATURAL GAS

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| Operator | | | | Well API No. | | | | | | | |
|---|--|------------------------|--------------|---------------|---------------------------|--|---|-----------------------|----------------|-------------|--|
| MURPHY OPERATING CORPORATION Address | | | | | | | | 30-0 | 0-041-10485 | | |
| P.O. Drawer 2648, | Roswell | , New | Mex | ico 882 | 02-2648 | | | | | | |
| Reason(s) for Filing (Check proper box) | | Other (Please explain) | | | | | | | | | |
| New Well Change in Transporter of: | | | | | | Change effective August 1, 1989 | | | | | |
| Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate | | | | | | onunge erreceive hugust 1, 1303 | | | | | |
| If change of operator give name and address of previous operator | Casilgica | 14 Oas [| Contra | . Ensare | | | | | | | |
| IL DESCRIPTION OF WELL | AND LE | ASE | | | | | - | | | | |
| Lease Name | | Pool 1 | Name, Includ | ing Formation | | | Kind of Lease No. | | | | |
| State DB | 2 | | Chavero | o San Andres | | | Kind of Lease State XF AGENT KON XF XEX Lease No. K-1276 | | | | |
| Location | | | | | h! #! | 660 | | | 11 | | |
| Unit Letter | | | Feet I | | | e and660 | | eet From The | West | Line | |
| Section 25 Township | , 7 Sc | outh | Range | 33 E | ast , N | мрм, К | oosevel | t | | County | |
| III. DESIGNATION OF TRAN | SPORTE | | | ND NATU | | | | | | | |
| Name of Authorized Transporter of Oil X or Condensate Texaco Trading & Transportation Inc. | | | | | | Address (Give address to which approved copy of this form is to be sent) P.O. Box 60628, Midland, Texas 79711-0608 | | | | | |
| Name of Authorized Transporter of Casing | | | or Dr | | | | - | | | | |
| OXY NGL Inc. | | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| If well produces oil or liquids, give location of tanks. | liquids, Unit Sec. Twp. Rge. Is gas acta | | | | | actually connected? When ? | | | | | |
| If this production is commingled with that f | rom any oth | er lease or p | ool, g | ive comming | ling order num | ber: | <u>-</u> | | | | |
| IV. COMPLETION DATA | | Oil Well | | Gas Well | New Well | Workover | Deepen | Diva Back | le | big posts | |
| Designate Type of Completion - | · (X) | | i | 040 | | Workover | Deepen | Plug Back | Same Kesv | Diff Res'v | |
| Date Spudded | Date Comp | ol. Ready to | Prod. | | Total Depth | · | | P.B.T.D. | <u> </u> | | |
| Elevations (DF, RKB, RT, GR, etc.) | roducing Fo | rmatio | D. | Top Oil/Gas | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | <u> </u> | | | Depth Casing Shoe | | | |
| | | | | | | | | | P 000 | | |
| TUBING, CASING AND | | | | | CEMENTI | NG RECOR | D | | | | |
| HOLE SIZE | CAS | SING & TU | BING | SIZE | DEPTH SET | | | <u> </u> | SACKS CEMENT | | |
| | <u> </u> | | | | | | | | | | |
| | | | | | | | | | | | |
| | | · | | | | | | | | | |
| V. TEST DATA AND REQUES | | | | | . • | | | | | | |
| OIL WELL (Test must be after re Date First New Oil Run To Tank | Date of Te: | | of toaa | ou and mus | | exceed top allo ethod (Flow, pu | | | or full 24 hou | rs.) | |
| Y | | | | | G : 7 | | | Choke Size | | | |
| Length of Test | Tubing Pressure | | | | Casing Press | ire | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | | | |
| GAS WELL | l | | | | 1 | • | | l | | | |
| ctual Prod. Test - MCF/D Length of Test | | | | | Bbis. Conden | sate/MMCF | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | ssure (Shut- | ire (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| | | | | | | · -, | | | | | |
| VI. OPERATOR CERTIFICA | | | | NCE | | | ICEDV | 'ΑΤΙΩΝΙΙ | | \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 knowledge and belief. | | | | | Date | Approve | d | OCT 1 7 1989 | | | |
| The 10 hours | 24/ | | | | | | | | | | |
| Signature Signature | | | | | | By ORIGINAL SIGNED BY JERRY SEXTON | | | | | |
| Lori A. Brown Production Supervisor | | | | | 11 | DISTRICT I SUPERVISOR | | | | | |
| August 28, 1989 | (| 505) 2 | <u>63-7</u> | | Title | | | | | | |
| 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.
- 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.