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

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

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

·~~~	State of New Mexico
Eneri	Ainerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TOTRA	ANSP	ORT OIL	AND NA	TURAL G	AS			
Operator Mumphy Openating Co	vnovit:	ion				Well API No.				
Murphy Operating Corporation 3D-D41-10494 Address									<u>1997</u>	
P. Ö. Drawer 2648, Reason(s) for Filing (Check proper box)	Roswel	l, New	Mexi	<u>co 8820</u>	2-2648	(0)				
New Well		Change in	n Transp	orter of:		et (Please exp	-	o x (Proviou	cly State
Recompletion	Oil		Dry G				October			sly State 1
Change in Operator	Casinghe	ad Gas	Conde	nsate				•		April_1
and address of previous operator				•				·		
II. DESCRIPTION ()F WELL Lease Name	AND LE	ASE Well No.	Pool	lame Includi	ng Formation		- Vind	of Lease		
Jennifer Chaveroo Sa	llni	\$- 85 -14	4 C	haveroo	San An	dres		IN TERRE		eise No. 191
Location Unit Letter I :	انان ایک 66:	20 35	_ Feet F	rom The	South Lin	e and198	30 F	et From The	Wes	t
Section 35 Townsh	ip 7 S	outh	Range	33 Ea	ast , N	MPM, Roc	sevelt	•	·····	County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		CR OF O		D NATU		SCUI	RLOCK PERM	MAN CORP E	EFF 9-1-91	
The Permian-Corpora		or Conden	issie	<u> </u>	P. 0. 1	Box 1183	<i>which approved</i> , Housto	on, Texa:	s 77251-	-1183
Name of Authorized Transporter of Casir	ighead Gas		or Dry	Gas 🔄	Address (Gin	re address to w	hich approved	copy of this f	orm is to be s	ent)
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	When	?		
If this production is commingled with that IV. COMPLETION DATA	from any of	her lease or	pool, gi	ve comming!	ing order num	ber:				J
		Oil Well	· · · ·	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		pl. Ready u	- Dand	,	Total Depth	İ	<u> </u>	I	l	
Date Spudded	Date Com	ipi. Keady u	o Pitod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	.) Name of Producing Formation				Top OiVGas Pay			Tubing Depth		
Perforations				Depth Casing Shoe						
· · · · · · · · · · · · · · · · · · ·		IUBING,	CASI	NG AND	CEMENTI	NG RECO	RD			
HOLE SIZE	CA	SING & T	UBING	SIZE	DEPTH SET			SACKS CEMENT		
	-	<u></u>				·				
							·			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE		I					
OIL WELL (Test must be after			of load	oil and must					for full 24 hou	<i>u</i> rs.)
Date First New Oil Run To Tank	Date of T	est			Producing M	ethod (Flow, p	ownp, gas lift,	elc.)		
Length of Test	Tubing Pr	essure		•	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls				Water - Bbls.			Gas- MCF		
GAS WELL	I seat of	Teet			Date Conde					
Actual Prod. Test - MCP/D	Length of	I est			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pilol, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shui-in)			Choke Size		
VI. OPERATOR CERTIFIC	CATE O	F COM	PLIA	NCĘ						
I hereby certify that the rules and regu Division have been complied with and is true and complete 10.17e best of my	that the info	ormation giv		, ' 'e	·		NSERV	MAR 3	_	
Dry Frinal	(e Approv	ed			
Signature Lori Brown	Prod	luction		ervisor	By_			Orig. Sig Paul	rned by, Kautz	
Printed Name			Title		Title			Geole	ogist	
<u>3/7/90</u> Date	(50		7210 ephone			·				
Date	1.5.5.2.2.2		•	INO.						1

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED MAR 2 9 1990 HOBBS ISHADE