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

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

<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	<u> </u>						Well A	PI No.			
Murphy Operating	Corpora	tion_									
Address P. O. Box 2648, R			1exi	co 8820	2-2648						
Reason(s) for Filing (Check proper box)						er (Please expla	iin)				
New Well		Change in		- —		•					
Recompletion	Oil		Dry (Chango	effectiv	o Juno	1 1000			
Change in Operator X If change of operator give name Mine	Casinghead			lensate							
and address of previous operator Mins	lexas	UII &	ua:	s, 7060	S. Yale	, #707, T	ursa, o	Klanoma	/4136		
IL DESCRIPTION OF WELL.			r								
Lease Name Well No. Pool Name, Including Federal 26 2 Chaveroo								ind of Lease No. (a)(EX)(Federal)(A)(FEX)(X) NM=0108997-A			
Location			<u></u>								
Unit Letter	_ :198	30	Feet	From The Sc	uth Lin	e and660). Fe	et From The	West	Line	
section 26 Township 7-South Range 33-Eas						t NMPM. Roosevel				County	
Section 20 Township	, , 500		Kang	<u>e </u>	, 10	VIIIVI,				County	
III. DESIGNATION OF TRAN		or Conden		ND NATU	RAL GAS				····		
Name of Authorized Transporter of Oil Mobil Oil Corporation	Į.	s (Give address to which approved copy of this form is to be sent) O. Box 900, Dallas, Texas 75221									
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
XY Gities Service NGL, Inc.					P. 0.	Box 300,	Tulsa,	Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When			?			
If this production is commingled with that	from any other	r lease or	pool, s	give comming	<u> </u>		L				
IV. COMPLETION DATA				· ·							
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth	1	<u> </u>	P.B.T.D.	l	<u>. I</u>	
					Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Old Oas Tay			Tubing Dep	Tubing Depth		
Perforations								Depth Casin	g Shoe		
								<u> </u>			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTING RECORD DEPTH SET SACKS CEMENT						
HOLE SIZE	HOLE SIZE CASING & TODING SIZE					DEF ITT SET		CACKO CEMENT			
								 			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E			······································				
OIL WELL (Test must be after r			of loa	d oil and musi					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	1			Producing M	ethod (Flow, pu	ump, gas iyi, i	uc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
	o., 5.				Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Dois.			Jan 17101			
GAS WELL	.1				1		······································	·			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
					Color Document (Charles)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			CHOKE SIZE			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE					D. 1. 2. 2. 2		
I hereby certify that the rules and regul	ations of the	Oil Conse	rvation	1	1	OIL CON	ISERV		_		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						JUL 0 6 1989					
	_				Date	e Approve	:a				
Donna Bauer					By_	٠.	Eddi	e W. Se	αy		
Signature Donna Bauer Production Supervisor					Dy	Oil & Gas Inspector					
Printed Name June 26, 1989	(504	5)623-	Title 721	0	Title			·			
Date Date	(30.		ephone					• ,			
					.1.1						

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.
- 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.