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

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

State of New Mexico Enery Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

,	REQ	UEST F	OR	ALLOWA	BLE AND	AUTHORI	ZATION				
		TO TR	<u>ANS</u>	PORT O	L AND NA	TURAL G.	AS				
Operator							Weil	API No.	-		
Murphy Operating Co		•	3	0.04	1-10	521					
Address	:						· · · · · · · · · · · · · · · · · · ·			- J- (
P. O. Drawer 2648,	Roswel ¹	, New	Mex	ico 882	02-2648						
Reason(s) for Filing (Check proper box)						er (Please expl	ain)				
New Well		Change i	n Tran	sporter of:		•	•				
Recompletion	Oil	K)	Dry	Gas 🗆	. [nange of	well #	& Name (Previou	sly Feder	
Change in Operator	Casinghe	ad Gas	Con	denszte 🔲		ffective					
change of operator give name nd address of previous operator				•		nange of	Transpo	orter Ef	fective	April 1,	
L DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No.		Name, Includ	ing Formation		Kind	of Lease		:ase No.	
Jennifer Chaveroo San	Andre	26- 1	1 (Chaveroo	San And	res		Federal ox X9		0108997-B	
Location	Unit	Sec							<u> </u>	0100337	
Unit Letter K	_ :	1980	_ Feet	From The	South _{Lin}	and198	<u>0</u>	et From The	West	Line	
Section 26 Township	, 7 S	outh	Rang	22:5-	o.+		oosevel	t		County	
										County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS	SCHRE	OCK PERM	IAN CORP E	FF 9-1-91		
Varne of Authorized Transporter of Oil		or Conde				e address to wh	ich approved	copy of this f	orm is to he se	m/)	
The Permian Corporat	E ∓6 ∩			. لــا	P. O. E	3ox 1183,	Housto	n. Texa:	s 77251-	1183	
Name of Authorized Transporter of Casing	head Gas	X	or D	ry Gas		e address to wh					
f well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp	. Rge.	Is gas actually	y connected?	When	?			
			<u></u>		<u> </u>						
this production is commingled with that f	rom any oth	er lease or	pool,	give comming	ling order numl	er.					
V. COMPLETION DATA					- 						
Designate Type of Completion -	- (X)	Oil Well	1 J	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	o Prod		Total Depth	L	L	IRRED	L	<u> </u>	
•					1			P.B.T.D.		ĺ	
levations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	ormati	On	Top Oil/Gas	24		m			
					,			Tubing Dep	מ		
erforations	L				<u> </u>			Danib Cont	- 0		
								Depth Casin	g shoe		
		סוממוד	Cic	TINIC AND	CE) CE mm	TO BECCE					
HOLE OZE	TUBING, CASING AND							- 			
HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT					
	 				 						
	<u> </u>										
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	1				i						

V. TEST DATA AND REQUEST FOR ALLOWABLE

Date First New Oil Run To Tank Date of Test		doil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	····		
Actual Prod. During Test Oil - Bbls.		Water - Bbls.	Gas- MCF			

Date Date

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sou Braval	
Signature Lori Brown	Production Supervisor
Printed Name	Title
3/7/90	(505) 623-7210

OIL CONSERVATION DIVISION MAR 3 0 1990

Date Approved Orig. Signed by Paul Kautz Geologist

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.