Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New Mexico
En , 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRAN	ISPORT C	IL AND NA	ATURAL GA	\S				
Operator MURPHY OPERATING CORPORATION					Well API No.					
Address P.O. Drawer 2648, Ro	: swell, 1	New Mex	ico 8820	2					:	
Reason(s) for Filing (Check proper box)				Ot	her (Please expla	in)				
New Well		Change in Ti	ransporter of: Try Gas	i	Chan	ae effe	ctive A	ugust 1,	1989	
Recompletion	Oil Casinghead		Condensate		0,1.0,1	gc		- Jaco - ,	-303	
If change of operator give name and address of previous operator	Casingneat		. L							
•	1310 7 701	077							•	
IL DESCRIPTION OF WELL Lease Name	AND PEA		nol Name Inch	ding Formation		777.			·	
Federal 26		5						of Lease No. Federal XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Location Unit LetterJ	: 1	980 F	eet From The _	South L:	ne and 1980	Fe	et From The	East	Line	
Section 26 Township	, 7 Sou	th R	tange 33	East ,	_{VMPM,} Ro	osevelt			County	
III. DESIGNATION OF TRAN		R OF OIL								
Name of Authorized Transporter of Oil	L.X.I		L1		ive address to wh					
Texaco Trading & Transportation Inc. Name of Authorized Transporter of Casinghead Gas OX V N G L Juc.					P.O. Box 60628, Midland, Texas 79711-0608 Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.		Sec. T	wp. Rg	e. Is gas actua	Is gas actually connected? When?					
If this production is commingled with that : IV. COMPLETION DATA	from any other	er lease or po	ol, give commi	ngling order nur	nber:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	nation	Top Oil/Gar	Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe			g Shoe	*****	
		TIDING C	A SINIC AND	D CEMENT	TAIC DECOR		1			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET	<u> </u>	1 .	SACKS CEMENT		
, , , , , , , , , , , , , , , , , , , ,								OAONO CEMENT		
							-			
W TEST DATE AND RECIPE	TEOD A	X X OXXX X	0 7 17				1	· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUES OIL WELL (Test must be after r				urt he equal to	or exceed too alle			f £ 11.24.1	,	
Date First New Oil Run To Tank	Date of Tes		1000 OH BRO M		Method (Flow, pu			for full 24 hou	rs.)	
Length of Test	Tubing Pres	ssure		Casing Pres	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbi	Water - Bbis.			Gas- MCF		
GAS WELL	<u> </u>			l				•		
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Cond	Bbls. Condensate/MMCF			Gravity of Condensate		
				•						
Testing Method (pilot, back pr.)	Tubing Pre	ssure (Shut-ir	1)	Casing Pres	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.				Dat	OIL CONSERVATION DIVISION OCT 1 7 1389 Date Approved					
Signature Signature					By ORIGINAL SIGNED BY JERRY SEXTON					
Lori A. Brown Production Supervisor						DISTR	CT I SUPE	NVISOR	** 	
Printed Name August 28, 1989	(505)	623-72		Titl	e		·.			
Date		Telepl	hone 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.

