

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

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

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
TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Murphy Operating Corporation
Well API No.
3D-D41-10525
Address
P. O. Drawer 2648, Roswell, New Mexico 88202-2648
Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐ Change of well # & Name (Previously Federal 26
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ Effective October 1, 1989
Change of Transporter Effective April 1, 1990
If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Jennifer Chaveroo San Andres
Well No.
26-09
Pool Name, Including Formation
Chaveroo San Andres
Kind of Lease
Federal
Lease No.
NM-0108997-B
Location
Unit
See 26
Unit Letter
I
1980
Feet From The
South
Line and
660
Feet From The
East
Line
Section
26
Township
7 South
Range
33 East
NMPM, Roosevelt
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil
The Permian Corporation
or Condensate
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183, Houston, Texas 77251-1183
Name of Authorized Transporter of Casinghead Gas
OXU NGL INC
or Dry Gas
Address (Give address to which approved copy of this form is to be sent)
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 lease or pool, give commingling order number:

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 Compl. Ready to Prod.
Total Depth
P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
Perforations
Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)
Date First New Oil Run To Tank
Date of Test
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
GAS WELL
Actual Prod. Test - MCF/D
Length of Test
Bbls. Condensate/MMCF
Gravity of Condensate
Testing Method (pilot, 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.
Signature
Lori Brown
Production Supervisor
Printed Name
3/7/90
Date
(505) 623-7210
Telephone No.
OIL CONSERVATION DIVISION
Date Approved
MAR 30 1990
By
Orig. Signed by
Paul Kautz
Geologist
Title

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.