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
Ene., 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS
Well API No.

A.		10 1117	71 401	OI II OII	- AILD INC	TONAL GA	70				
Operator MURPHY OPERATING CORPORATION						Well API No. 30-041-105374					
Address			· · ·					900	11 4/0	/33 	
P.O. Drawer 2648, Reason(s) for Filing (Check proper box)	Roswel	1, New	Mex	<u> (ico 882</u>		her (Please explo				-	
New Well		Change in	Trans	porter of:		nei (i ieuse expu	נוטון				
Recompletion	Oil		Dry			Change	effect	ive August	t 1. 10	189	
Change in Operator		ad Gas		lensate		.		ragas	,	,03	
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE					-				
Lease Name								Kind of Lease State, XXXXXXXXXXXXXXX		Lease No. K1276	
State DB Location		1/	<u> </u>	Lnavero	o San Ar	ndres			1		
Unit Letter K	: 1	980	_ Feet	From The	South Li	ne and198	0F	eet From The	West	Line	
Section 25 Township	p 7 S	outh	Rang	e 33 Ea	st ,N	impm, R	oosevel	t.		County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	X	or Conde						d copy of this form			
Texaco Trading & T		P.O. Box 60628, Midland, Texas 79711-0608 ddress (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casing	Inc-						hich approved				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actual	lly connected?	When	1?			
If this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or	pool,	give comming	ling order nun	nber:					
	an	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		pl. Ready to	o Prod		Total Depth	<u> </u>	<u> </u>	P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
									•		
Perforations								Depth Casing S	ihoe		
		TUBING	, CAS	SING AND	CEMENT	ING RECOR	D	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
	-										
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E				1		· · · · · · · · · · · · · · · · · · ·	
OIL WELL (Test must be after r					t be equal to o	or exceed top all	owable for th	is depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	est			Producing N	Method (Flow, pr	ump, gas lift,	etc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
	<u></u>										
GAS WELL	-1 1 - 3 - 6	· · · · · · · · · · · · · · · · · · ·			Inu. C.	0.0 (CT	··· ·· ·· ··	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test - MCF/D	Length of Test				Bots. Cond.	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE			JOEDS	ATIOND	N/IOIC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					Dat	Date Approved OCT 1 7 1989					
(Sou WA)	OWA	4			By_	٠.					
Signature Lori A. Brown						ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name August 28, 1989	(505)_6		7210	Title	9	M1514	THE LEGISTRY	13UK	 	
Date	_	Te	lephon	e 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.

RECEIVED

OCT 1.6 1983

HOBBE OFFICE CCD