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

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

State of New Mexico Energ - Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Braz

000 Rio Brizos Rd., Aziec, NM 87410	REQUEST FOR	ALLOWAB	LE AND AUTHOR	ZATION				
•			AND NATURAL G	AS				
Оревия Murphy Operating Corporation					PI No. 30-041	-/057	70	
Address					<u> </u>	· · · ·		
P. Ö. Drawer 2648, R	Roswell, New Me	xico 8820	2-2648 X Other (Please exp	Inia)				
Reason(s) for Filing (Check proper box)	Change in Tra	nsporter of:		•				
Recompletion .	Oil Dry		Change of	well #	& Name (Pr	evious:	ly Stat	
Change in Operator	•	ndensate 🔲	Effective			a+÷a A	nn:1 1	
change of operator give name				-ıranspo 	rter-Effe	etive A	pril i	
L DESCRIPTION OF WELL	AND LEASE							
Lease Name	Well No. Pool Name, Including Formation				Kind of Lease No.			
Jennifer Chaveroo San	Andres 36-05 Chaveroo San Andres			State,	Reference K-2672			
ocation E	1980 F	No	orth Line and 660			West		
Unit Letter	_ : ra				et From The		Line	
Section 36 Township	$_{\rm p}$ 7 South $_{ m Ra}$	nge 33 l	East , NMPM, Ro	osevelt			County	
II. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATUI	CAD CAD		MIAN CORP EF	-		
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183							
The Permian Corporat		D . C		·				
Name of Authorized Transporter of Casing	ghead Gas 🔀 or	Dry Gas	Address (Give address to	vhich approved	copy of this form	is to be sem	() 	
If well produces oil or liquids, pive location of tanks.	Unit Sec. Tw	vp. Rge.	Is gas actually connected?	When	?			
f this production is commingled with that i	from any other lease or poo	l, give comming!						
V. COMPLETION DATA			· · · · · · · · · · · · · · · · · · ·		, ,			
Designate Type of Completion	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Pro	od.	Total Depth		P.B.T.D.		<u>L</u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations					Depth Casing S	hoe		
	TUBING, C.	ASING AND	CEMENTING RECO	RD				
HCLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					ļ			
					-			
V. TEST DATA AND REQUE	ST FOR ALLOWAR	LE	•					
	recovery of total volume of	load oil and musi	Producing Method (Flow,			full 24 how	75.)	
Date First New Oil Run To Tank	Date of Test		Troubling trickles (1 10%, party, gas 131,		,			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
·					Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF			
GAS WELL						•		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Co	ndensite		
	The December (Charles)		Casing Pressure (Shut-in)		Choke Size			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Cloke Size			
VI. OPERATOR CERTIFIC	CATE OF COMPI	IANCE	0.1.00		(AT)			
I hereby certify that the rules and regu	ulations of the Oil Conserva	tion '	OIL CO	NSER\	ATION E	NVISIC)N .	
Division have been complied with and is true and complete to the best of my	d that the information given	above		•	MAR	2 A 10	00	
15 list and complete titule beat of my	, and the second		Date Appro	ved	111711	9 11 19	JU	
Lewis Draisk			D.		Orig. Si	gned w		
Signature	Production	Supervice	By		Paul Geold	Kautz		
lori Brown	rroduction	20761 A 120	· [1]		₩ <u>TO</u> OY(/6 LD L/		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

3/7/90 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

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2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

-7210

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.