1					1	
	Energ	State of Ne finerals and Nati	ew Mexico Iral Resources Departmen	it .	Form C-104 Revised 1-1-89 See Instructions	
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL	CONSERVA P.O. Bo	TION DIVISION	1	at Bottom of Page	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	S		exico 87504-2088		•	
1000 Rio Brazos Rd., Aztec, NM 87410			LE AND AUTHORIZ			
Operator				Well API No.	1000	
Murphy Operating Co	:	· · · · · · · · · · · · · · · · · · · ·			041-10571	
P. O. Drawer 2648, Reason(s) for Filing (Check proper box)	Roswell, Nev	Mexico 8820	2-2648 Ther (Please explain	.)		
New Well Recompletion Change in Operator		in Transporter of: Dry Gas	Change of w Effective O	vell # & Name () October 1, 1989	Previously State	
If change of operator give name and address of previous operator		•	thange of I	ransporter Eff	ective April 1, 19 	
IL DESCRIPTION OF WELL						
Lease Name Jennifer Chaveroo Sa	n Andres 19-	•	san Andres	Kind of Lease State, Fooderal anxFer	Lease No. 0G-1193	
Location	Unit _s ec : 1980	/ 9 Feet From The SO	uth line and 660 ·		West	
Unit Letter		<u>эл</u> г		Feet From The	Line	
Section 19 Townshi	ip 7 South	Range 34 E	ast _{, NMPM,} Ro	osevelt	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	as Con		RAL GAS	h approved come of this for	m is to be swith	
The Permian Corporation			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 Casim $O \times V + U + 5A + 4$	phead Gas Z	or Dry G2s	Address (Give address to whic	h approved copy of this for	m is to be sent)	
If well produces of or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected?	When ?	·	
If this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool, give commingli	ing order number:		· · · · ·	
Designate Type of Completion	- (X) I Oil W	ell Gas Well	New Well Workover	Deepen Plug Back S	Same Res'v Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	P.B.T.D.	I	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top OiVGas Pay	Tubing Depth		
Perforations	Scalions			Depth Casing Shoe		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		CEMENTING RECORD DEPTH SET		SACKS CEMENT	
V. TEST DATA AND REQUE	ST FOR ALLOY	VABLE		l		
OIL WELL (Test must be after	recovery of total volu		be equal to or exceed top allow		r full 24 hours.)	
Date First New Oil Run To Tank	Due of Test		Producing Method (Flow, pur	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure		Casing Pressure	Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- MCF		
GAS WELL			· ·		·	
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF	Gravity of Co	ondensate	
Testing Method (pilol, back pr.)	Tubing Pressure (S	hut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFIC				SERVATION		
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.				MAP 2.0. 1000		
Is true and complete to the best of my	Anowiedge and belies	•	Date Approved		<u>47 3 U 1990</u>	
Signature Signature			By Orig_Signed by Faul_Kautz			
Lori Brown Production Supervisor Printed Name Title			Title	Geologiat		
<u>3/7/90</u> Date	(505) 62	3-7210 Telephone No.				
Dale		•				

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 Request for allowable for heavy difference of energy with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.