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

State of New Mexico 1 Inerals and Natural Resources Department Enery

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

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

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO									
TO TRANSPORT OIL AN					<u> </u>	Yell AF	_			
Murphy Operating Corporation					·		0-04	1-105	75	
Address P. Ö. Drawer 2648, R	: :	Mexic	co 88202	2-2648						
Reason(s) for Filing (Check proper box)				Other	r (Please explai		/n			
ew Well Change in Transporter of:					Change of well # & Name(Previously State G Effective October 1, 1989 2-N)					
Recompletion	Ompledon Contamin					Change of Transporter Effective April 1, 199				
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEASE	T=		- Y		Kind of		1 1 2	se No.	
Lease Name Jennifer Chaveroo Sai	n Andres 19-1	San Andres State, E			884 848 OG-1193					
Location	Unit sec.≱			South	and660		t From The _	West	Line	
Unit LetterN	- :	Feet F			in .	re	t From The _			
Section 19 Townshi	<sub>p</sub> 7 South	Range	34 E	ast , NA	rpm, Roc				County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AN	ID NATUE	Address (Give	e address to wh	nich approved	come of this fo	orm is to be ser	u)	
Name of Authorized Transporter of Oil The Permian Gerpora	t 1011	isate		P. O. B	ox 1183,	, Housto	n, Texas	5 77251-	1183	
Name of Authorized Transporter of Casinghead Gas or Dry Gas A					ddress (Give address to which as proved copy of this form is to be sent)					
OXY USA &	Unit Soc.	Twp.	Rge	Is gas actuall	y connected?	When	?			
If well produces oil or liquids, give location of tanks.		i	i	7.4	es-					
If this production is commingled with that	from any other lease or	pool, g	ive commingli	ing order num	ber:			<del></del>		
IV. COMPLETION DATA	Oil We	1 1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X) j			Total Depth	J	L	I DRTD	<u> </u>	<u> </u>	
Date Spudded	Date Compl. Ready to Prod.			Total Depth	roat tepin			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oxl/Gas	Top Oil/Gas Pay			Tubing Depth		
								Depth Casing Shoe		
Perforations							<u> </u>			
		TUBING, CASING AND						SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			0,000 021110111			
V. TEST DATA AND REQUE	EST FOR ALLOY	VARI.	E				.1			
OIL WELL (Test must be after	recovery of total volum	e of loo	id oil and mus	t be equal to c	or exceed top a	llowable for th	is depth or be	for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Test			Producing N	Method (Flow,	pwnp, gas lift,	elc.)			
· · · · · · · · · · · · · · · · · · ·	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Length of Test	Tuoing Treesars	Thomas Treasure						Gas- MCF		
Actual Pred. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			· ·		
GAS WELL				IBNI- C-	lensate/MMCF		Gravity	(Condensate		
Actual Prod. Test - MCF/D	Length of Test		Bois, Cond	Bots, Condensate/191141C1						
Testing Method (pitot, back pr.)	Tubing Pressure (S		Casing Pre	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIF	ICATE OF COM	<b>NPLI</b>	ANCE			)NSER	OITAV	1 DIVIS	ON ·	
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  MAR 3 0 1990					
is true and complete to the best of r	ny knowledge and belie	ľ.		Da	ite Appro	ved	0 (	, 1000		
The Frankl							Orig. Si	gned by		
Signature Brown Production Supervisor					·		Paul Geol			
Printed Name Title					tle		Pieor.	~8~~		
3/7/90	(505) 62	<u>3-72</u>	10 one No.	. ∥ '"		- : <u></u> -				
Date		retchix	CAR LTU.	- 11						

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.

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MAR S. 9 1991