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Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energ Ainerals 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		<u>O IHA</u>	NSP	OH I OIL	AND NA	UHAL GA					
<sup>Оревиог</sup> Murphy Operating Cor	novation	<b>,</b>					Well A	LPI No.			
Address	<del>μοι α ε τοι</del> :	·							:	<del> </del>	
P. O. Drawer 2648, R	oswell,	New Me	exico	88202							
Reason(s) for Filing (Check proper box) New Well		Change in	Transpo	ater of:	U Othe	т (Please expla	in)				
Recompletion	Oil		Dry Ga	ıs 🔲	Chan	ge of Tr	ansport	or Effec	ctive Ap	ril 1, 1	
Change in Operator	Casinghead	Gas 🗌	Conden	nsate							
change of operator give name ad address of previous operator				·							
L DESCRIPTION OF WELL	AND LEA	SE									
Lease Name		Well No. Pool Name, Including							Kind of Lease Lease No. State, Federal profixe K-3933		
State CVB		1   Chaveroo				San Andres			State, Keskern synthe K-39		
Location Unit Letter P	:66	0	Feet Fr	rom The	South Line	and 660	Fe	et From The	East	Line	
Section 31 Townsh	ip 7 So	uth	Range	33 <sup>°</sup> Ea	ast , N	ирм, Ro	osevel t	·		County	
II. DESIGNATION OF TRAI	NSPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	X	or Conden			Address (Giv.	ox 1183,	ich approved	copy of this f	orm is to be se	ਅ) 1183	
The Permian Corporat	ion		or Dry	Gas	<del> </del>	e address to wh					
Name of Authorized Temporter of Casin	TA I	لكما	טו טון	~~. <u></u>	, include (Offi	10 W/I	п ирргочес	ן צוחו נט קיקטט ו	orm a w be se	)	
If well produces oil or liquids, ive location of tanks.	Unit	Init Sec. Twp. Rge.				Is gas actually connected? When?					
this production is commingled with that	from any other	er lease or	pool, gi	ve comming!	ling order numl	жг.					
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Dhua Daala	Same Res'v	birt Park	
Designate Type of Completion	ı - (X)	JOH WEIL	1	Oas Well	New Iven	HOLOVEI	Dæpen	Find Pack	Pattile Kez A	Diff Res'v	
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations									Depth Casing Shoe		
		DIAGUE	CASI	NG AND	CEMENTI	NG PECOP	D				
HOLE SIZE		TUBING, CASING AND  CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
TIOCE OIZE											
						<del> </del>					
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE					<u> </u>			
OIL WELL (Test must be after	recovery of to	tal volume	of load	oil and mus					for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
Actual Prod. During Test	OII - BOIS.								. •		
GAS WELL						•			•		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI	CATE OF	COM	PLIA	NCE		011 00:	1055	/ A 771 C	D0 (10)		
I hereby certify that the rules and reg Division have been complied with an	rulations of the	Oil Coase	rvation	•		OIL COI	NSEH/	'AHON	DIVISIO	ON .	
is true and complete to the best of m					Date	e Approve	ed A	PR 1 1	1990	· · · · · · · · · · · · · · · · · · ·	
Tori Toroley					By_	By ORIGINAL SIGNED BY JERRY SEXTOM					
Signature Lori Brown Production Supervisor					by_		DISTRICT	i supenva	<u>se sektom</u> 504	<u> </u>	
Printed Name March 26, 1990	(505) 6	23-721	Title .0		Title	)		٠.	·		
Date		Tel	lephone	No.	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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APR 4 1990

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