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

State of New Mexico Energy, 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well A	API No.			
MURPHY OPERATING C					30-041-10591							
P.O. Drawer 2648,	Roswell	, New M	1ex i	co 882								
Reason(s) for Filing (Check proper box)		~			∐ Od	ner (Please	e explain)		_			
New Well Change in Transporter of: Recompletion Oil Dry Gas						Change effective August 1, 1989						
Recompletion \Box			•					÷ · · · . – . ·	, , =			
Change in Operator If change of operator give name	Casinghead	Gas	Conden	18316	· · · · · · · · · · · · · · · · · · ·							
and address of previous operator	ANDIE	ere.		•						··	· · · ·	
IL DESCRIPTION OF WELL Lease Name		Pool N	ame Includ	ng Formation				V:-1.67				
State DB	9		Chaver	ing Formation 00 San Andres				Kind of Lease State, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Location Unit Letter0	: 660	F	Feet Fr	om The	South Li	e and	1980	Fe	et From The	East	Line	
Section 25 Township	, 7 S	outh r	Range	33	East , N	мрм,	Roos	evelt	t		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OIL		D NATU		16 gdd	de autist		C.C.	·····		
Texaco Trading & Transportation Inc						Address (Give address to which approved copy of this form is to be sent) P.O. Box 60628, Midland, Texas 79711-0608						
Name of Authorized Transporter of Casinghead Gas or Dry Gas OXY NGL					Address (Give address to which approved copy of this form is to be sent)						eni)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.				Is gas actually connected? When				?			
If this production is commingled with that it IV. COMPLETION DATA	from any othe	r lease or po	ol, giv	e comming!	ing order num	ber:						
Designate Type of Completion	- (X)	Oil Well	(Gas Well	New Well	Workov	ver D	eepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to P	rod.		Total Depth	•			P.B.T.D.	/		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations										Depth Casing Shoe		
	T	JBING, C	ASI	NG AND	CEMENTI	NG REC	CORD		<u>'</u>			
HOLE SIZE	CAS	ING & TUB	ING S	IZE	DEPTH SET				SACKS CEMENT			
V. TEST DATA AND REQUES	T FOD A	LLOWAR	21 15									
OIL WELL (Test must be after re				il and must	he equal to a		11 h 1					
Date First New Oil Run To Tank	Date of Test		1000	u una musi	Producing M					ог јші 24 поц	rs.)	
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF			
GAS WELL				. · · · ·	<u> </u>				<u></u>		· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCF/D	Length of T	ength of Test				Bbls. Condensate/MMCF				Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFICA				CE)II C	ONSF	FRV	ATION	DIVISIO)NI .	
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.					OIL CONSERVATION DIVISION OCT 1 7 1989							
Jan Police						Appro	oved _	•		<u> </u>	1003	
Signature							-					
Lori A. Brown Production Supervisor Printed Name Title					ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title							
August 28, 1989 Date	(505) 62 Teleph			iiie							

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
- 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.