				•	•		
STATE OF NEW MEXICO			•				. •
ENERGY AND MINERALS DEPARTM	ENT					Form C-10 Revised 10	
DISTRIBUTION		CONSERV	A TION	DIVISION	1	Format 06	
SANTA PE	OIL		A LION 3X 2088	DIVISIO	N	Page 1	
V.1.0.1.	SA	NTA FE, NE		0 87501			
LAND OFFICE							
TRANSPORTER DIL		REQUEST FO					
OPERATOR							
PROBATION OFFICE	AUTHORIZA	TION TO TRANS	PORT OIL	AND NATUR	AL GAS		
1. Operator				•			
MURPHY OPERATING COR	RPORATION						
Address	<u></u>	•					. <u> </u>
P. 0. Drawer 2648, R	Roswell, New M	<u>exico 88202</u>	2-2648				
Reoson(s) for filing (Check proper &				Other (Please)	explain)		
Recompletion		· —	Dry Gas	CHANGE EI	FFECTIVE NO	VEMBER 1, 1	1988
X Change in Ownership	Casinghe	<u> </u>	Condensate	• •			
				· · · · · · · · · · · · · · · · · · ·	······································	· · · · · · · · · · · ·	
If change of ownership give name and address of previous owner		<u>Corporation</u>	<u>, P. O.</u>	Box 250,	<u>Amarillo, T</u>	<u>X 79189</u>	
II. DESCRIPTION OF WELL A	Well No. Poo	ol Name, Including	Formation		Kind of Lease		Lease
State G	1 1	haveroo San		-	State, Federal or F	•• State	0G-1
Unit Letter J ; 1	.650 Feet From T	he South L	ine and 2	310	Feet From The	East	
					—		
1	·				_	. .	
Line of Section 19	Township 7 Sout	n Range	<u>34 East</u>	, NMPM,	Roose	velt	Ca
	•			, ммрм,	Roose	velt	
III. DESIGNATION OF TRAM	VSPORTER OF OIL		L GAS		ROOSE		
IIL DESIGNATION OF TRAN	NSPORTER OF OIL	AND NATURA	L GAS	(Give address to	which approved c	opy of this form i 75221	s to be sent
III. DESIGNATION OF TRAM	<u>VSPORTER OF OIL</u> OIL <u>S</u> or Conde any	AND NATURA	Address	(Give address to <u>Box 900</u> , (Give address to	which approved c Dallas IX which approved c	opy of this form i 75221 opy of this form i	
III. DESIGNATION OF TRAM Name of Authorized Transporter of Mobil Pipeline Compa	NSPORTER OF OIL OII X or Conde any Casinghead Gas X	AND NATURA	L GAS Address P. O. Address P. O.	(Give oddress ic Box 900, (Give address ic Box 300,	Dallas, TX Dallas, TX Which approved o Tulsa, OK	opy of this form i 75221 opy of this form i	s to be sent
III. DESIGNATION OF TRAM Name of Authorized Transporter of Mobil Pipeline Compa Name of Authorized Transporter of OXY NGL, Inc. If well produces off or liquids.	VSPORTER OF OIL Oil X or Conde any Casinghead Gas X	AND NATURA	L GAS Address P. O. Address P. O.	(Give address to Box 900, (Give address to Box 300, trually connected	Dallas TX Dallas TX Duhich approved c Tulsa, OK	opy of this form i 75221 opy of this form i 74102	s to be sent s to be sent
III. DESIGNATION OF TRAM Name of Authorized Transporter of Mobil Pipeline Compa Name of Authorized Transporter of OXY NGL, Inc. If well produces oil or liquids, give location of tanks.	VSPORTER OF OIL Oil X or Conde any Casinghead Gas X Unit Sec. 0 19	AND NATURA	L GAS Address (P. 0. Address (P. 0. Is gas ac	(Give address to Box 900, (Give address to Box 300, tually connected Yes	Dallas, IX Dallas, IX Dubich approved c Tulsa, OK dr When Reco	opy of this form i 75221 opy of this form i	s to be sent s to be sent
III. DESIGNATION OF TRAM Name of Authorized Transporter of Mobil Pipeline Compa Name of Authorized Transporter of OXY NGL, Inc. If well produces off or liquids.	VSPORTER OF OIL Oil X or Conde any Casinghead Gas X Unit Sec. 0 19	AND NATURA	L GAS Address (P. 0. Address (P. 0. Is gas ac	(Give address to Box 900, (Give address to Box 300, tually connected Yes	Dallas, IX Dallas, IX Dubich approved c Tulsa, OK dr When Reco	opy of this form i 75221 opy of this form i 74102	s to be sent s to be sent
III. DESIGNATION OF TRAM Name of Authorized Transporter of Mobil Pipeline Compa Name of Authorized Transporter of OXY NGL, Inc. If well produces oil or liquids, give location of tanks.	VSPORTER OF OIL OIL X or Conde any Casinghead Gas X Unit Sec. 0 19 with thet from any o	AND NATURA	L GAS Address (P. 0. Address (P. 0. Is gas ac	(Give address to Box 900, (Give address to Box 300, tually connected Yes	Dallas, IX Dallas, IX Dubich approved c Tulsa, OK dr When Reco	opy of this form i 75221 opy of this form i 74102	s to be sent s to be sent
III. DESIGNATION OF TRAM Name of Authorized Transporter of Mobil Pipeline Compa Hame of Authorized Transporter of OXY NGL, Inc. If well produces oil or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and	VSPORTER OF OIL OII S or Conde any Casinghead Gas S Unit Sec. 0 19 with that from any o id V on reverse side	AND NATURA	L GAS Address (P. 0. Address (P. 0. Is gas ac	(Give oddress to Box 900, (Give address to Box 300, tually connected Yes ningling order	Dallas, TX Dallas, TX Dwhich approved c Tulsa, OK Tulsa, OK Reco number:	opy of this form i 75221 opy of this form i 74102 onnected 9/	s to be sent s to be sent
III. DESIGNATION OF TRAMName of Authorized Transporter of Mobil Pipeline Companyation of Authorized Transporter of OXY NGL, Inc. If well produces oil or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPL	VSPORTER OF OIL OIL S or Conde any Casinghead Gas S Unit Sec. 0 19 with thet from any o ad V on reverse side LANCE	AND NATURA	L GAS Address (P. 0. Address (P. 0. Is gas ac	(Give oddress to Box 900, (Give address to Box 300, tually connected Yes ningling order	Dallas, IX Dallas, IX Dubich approved c Tulsa, OK dr When Reco	opy of this form i 75221 opy of this form i 74102 onnected 9/	s to be sent s to be sent
III. DESIGNATION OF TRAM Name of Authorized Transporter of Mobil Pipeline Compa Name of Authorized Transporter of OXY NGL, Inc. If well produces oil or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI 1 hereby certify that the rules and trep	VSPORTER OF OIL OII S or Conde any Cosinghead Gas S Unit Sec. 0 19 with that from any o id V on reverse side LANCE blations of the Oil Conse	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P. O. Address (P. O. Is gas ac	(Give oddress to Box 900, (Give address to Box 300, tually connected Yes ningling order OIL CO	Dallas, TX Dallas, TX Dubich approved of Tulsa, OK Reco number: NOV 2	ropy of this form i 75221 ropy of this form i 74102 onnected 9/	s to be sent s to be sent 17/86
III. DESIGNATION OF TRAMName of Authorized Transporter of Mobil Pipeline Companyation of Authorized Transporter of OXY NGL, Inc. If well produces oil or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPL	VSPORTER OF OIL OII S or Conde any Cosinghead Gas S Unit Sec. 0 19 with that from any o id V on reverse side LANCE blations of the Oil Conse	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P. O. Address (P. O. Is gas ac	(Give oddress to Box 900, (Give address to Box 300, tually connected Yes ningling order OIL CO	Dallas, TX Dallas, TX Dwhich approved of Tulsa, OK I Reco number: DNSERVATION	opy of this form i 75221 opy of this form i 74102 onnected 9/ N DIVISION	s to be sent s to be sent 17/86
III. DESIGNATION OF TRAM Name of Authorized Transporter of Mobil Pipeline Company Hame of Authorized Transporter of OXY NGL, Inc. If well produces oil or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI I hereby certify that the rules and regulation of the tank of the the inform	VSPORTER OF OIL OII S or Conde any Cosinghead Gas S Unit Sec. 0 19 with that from any o id V on reverse side LANCE blations of the Oil Conse	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P. 0. Address (P. 0. Is gas ac , give comr	(Give address to Box 900, (Give address to Box 300, tually connected Yes ningling order OIL CO OVED	Dallas, TX Dallas, TX Dubich approved of Tulsa, OK Reco number: NOV 2	opy of this form i 75221 opy of this form i 74102 onnected 9/ N DIVISION	s to be sent s to be sent 17/86
IIL. DESIGNATION OF TRAN Name of Authorized Transporter of Mobil Pipeline Company Hame of Authorized Transporter of OXY NGL, Inc. If well produces off or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI I hereby certify that the rules and regubeen complied with and that the inform my knowledge and belief.	VSPORTER OF OIL OII S or Conde any Cosinghead Gas S Unit Sec. 0 19 with that from any o id V on reverse side LANCE blations of the Oil Conse	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P. 0. Address (P. 0. Is gas ac , give comr f APPR BY TITLE	(Give oddress to Box 900, (Give address to Box 300, Tually connected Yes ningling order OIL CO OVED	District approved of Dallas, TX District approved of Tulsa, OK When Reco Reco NOV 2 NAL SIGNED B	Topy of this form i 75221 Topy of this form i 74102 Innected 9/ N DIVISION 1988 Y JERRY SEXT IPERVISOR	s to be sent s to be sent 17/86 ON ¹⁹
IIL. DESIGNATION OF TRAN Name of Authorized Transporter of Mobil Pipeline Company Hame of Authorized Transporter of OXY NGL, Inc. If well produces off or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI I hereby certify that the rules and regubeen complied with and that the inform my knowledge and belief.	VSPORTER OF OIL OII S or Conde any Cosinghead Gas S Unit Sec. 0 19 with that from any o id V on reverse side LANCE blations of the Oil Conse	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P. 0. Address (P. 0. Is gas ac , give comr f APPR BY TITLE TI	(Give oddress to Box 900) (Give address to Box 300, itually connected Yes ningling order OIL CO OVED ORIGI	District approved of Dallas, TX which approved of Tulsa, OK Tulsa, OK Reconnumber: DNSERVATION NOV 2 NAL SIGNED B' DISTRICT I SU	vopy of this form i 75221 ropy of this form i 74102 onnected 9/ N DIVISION I ISOU Y JERRY SEXT PERVISOR	5 to be sent 5 to be sent 17/86 DN ¹⁹ DN ¹⁹
III. DESIGNATION OF TRAM Nome of Authorized Transporter of Mobil Pipeline Company Hame of Authorized Transporter of OXY NGL, Inc. If well produces oil or liquids, qive location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI I hereby certify that the rules and regu- been complied with and that the inform my knowledge and belief. Muudud M. Mu Muudud M. Mu	VSPORTER OF OIL OII S or Conde any Cosinghead Gas S Unit Sec. 0 19 with that from any o id V on reverse side LANCE blations of the Oil Conse	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P. 0. Address (P. 0. Is gas ac , give comr f BY TITLE TI Well, t	(Give address to Box 900, (Give address to Box 300, tually connected Yes ningling order OIL CO OVED ONGI	District approved of Dallas, TX District approved of Tulsa, OK Tulsa, OK Nervice Reconnumber: DISERVATION NOV 2 NAL SIGNED B DISTRICT ISU be filed in comp est for allowable be accompanied	vopy of this form i 75221 vopy of this form i 74102 onnected 9/ N DIVISION Y JERRY SEXT pervisor pervisor of or a newly drived i by a tabulation	5 to be sent 5 to be sent 17/86 0N ¹⁹ 0L E 1104. chilled or de n of the de
III. DESIGNATION OF TRAM Nome of Authorized Transporter of Mobil Pipeline Company Hame of Authorized Transporter of OXY NGL, Inc. If well produces off or liquids, qive location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI I hereby certify that the rules and regu- been complied with and that the inform my knowledge and belief. Mutudu M. Mutu Mathematical Automatical Automa	VSPORTER OF OIL Cil S or Conde any Casinghead Gas S Unit Sec. 0 19 with thet from any o ad V on reverse side LANCE plations of the Oil Conse mation given is true and co MMan ignature)	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P. 0. Address (P. 0. Is gas ac , give comr f BY TITLE TI uell, t tosts t	(Give oddress to <u>Box 900</u> , (Give address to <u>Box 300</u> , (Uudly connected <u>Yes</u> ningling order OIL CO OVED ORIGI this form is to this is a require his form must sken on the v	b which approved of Dallas, TX b which approved of Tulsa, OK Tulsa, OK A7 When Reconnumber: DNSERVATION NOV 2 NAL SIGNED B DISTRICT ISU be filed in composited we filed in composited be accompanied	Topy of this form i 75221 Topy of this form i 74102 TOP TOP TOP TOP TOP TOP TOP TOP	5 to be sent 5 to be sent 17/86 0N 19 0N 10 10 10 10 10 10 10 10 10 10
III. DESIGNATION OF TRAM Name of Authorized Transporter of Mobil Pipeline Company Name of Authorized Transporter of OXY NGL, Inc. If well produces oil or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI I hereby certify that the rules and reguiseen complied with and that the inform my knowledge and belief. Mathematical K. Hickman is production Supervisor	VSPORTER OF OIL Cil S or Conde any Casinghead Gas S Unit Sec. 0 19 with thet from any o ad V on reverse side LANCE plations of the Oil Conse mation given is true and co MMan ignature)	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P.O. Address (P.O. Is gas ac , give come f BY TITLE TI well, t tosts t A	(Give oddress to <u>Box 900</u> , (Give address to <u>Box 300</u> , itually connected <u>Yes</u> ningling order OIL CO OVED ORIGI this is a required his form firs to this is a required this is a required this is a required this is a required this form must set ions of	District approved of Dallas, TX District approved of Tulsa, OK Tulsa, OK Nervice Reconnumber: DISERVATION NOV 2 NAL SIGNED B DISTRICT ISU be filed in comp est for allowable be accompanied	Topy of this form i 75221 Topy of this form i 74102 TOP TOP TOP TOP TOP TOP TOP TOP	5 to be sent 5 to be sent 17/86 0N 19 0N 10 10 10 10 10 10 10 10 10 10
III. DESIGNATION OF TRANNA Name of Authorized Transporter of Mobil Pipeline Compared Interpreter of OXY NGL, Inc. If well produces off or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI 1 hereby certify that the rules and regubeen complied with and that the inform my knowledge and belief. Metinda K. Hickman (S. Production Supervisor November 17, 1988	VSPORTER OF OIL Cil or Conde any Casinghead Gas Unit Sec. 0 19 with thet from any o ad V on reverse side LANCE solutions of the Oil Conse mation given is true and co MMa ignature) (Title)	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P. 0. Address (P. 0. Is gas ac , give comr f BY TITLE TI Well, t tests t Able of F	(Give oddress to <u>Box 900</u> , (Give address to <u>Box 300</u> , trually connected <u>Yes</u> ningling order OIL CO OVED ORIGI this form is to this is a require his form must sken on the vill sections of n new and recting it out only S	b which approved of Dallas, TX p which approved of Tulsa, OK Tulsa, OK P when Reconnumber: DNSERVATION NOV 2 NAL SIGNED B DISTRICT ISU be filed in comp est for allowable be accompanied well in accordant this form must b completed wells.	Topy of this form i 75221 Topy of this form i 74102 TOP of this form i 74102 TOP TOP TOP TOP TOP TOP TOP TOP	5 to be sent 5 to be sent 17/86 17/86 01 E 1104. cilied or do n of the de 111. spietely for hanges of
III. DESIGNATION OF TRANNA Name of Authorized Transporter of Mobil Pipeline Compared Interpreter of OXY NGL, Inc. If well produces off or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI 1 hereby certify that the rules and regubeen complied with and that the inform my knowledge and belief. Metinda K. Hickman (S. Production Supervisor November 17, 1988	VSPORTER OF OIL OII S or Conde ANY Casinghead Gas S Unit Sec. 0 19 with that from any o id V on reverse side LANCE slations of the Oil Conse mation given is true and co MMAN ignature)	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P.O. Address (P.O. Is gas ac , give come f BY TITLE TI well, t tests t Able of well no	Give oddress to <u>Box 900</u> , Give address to <u>Box 300</u> , itually connected <u>Yes</u> ningling order <u>OIL CO</u> OVED <u>ORIGI</u> this form is to this is a require his form must isken on the vist ame or number.	b which approved of Dallas, TX b which approved of Tulsa, OK Tulsa, OK A When Reconnumber: DNSERVATION NOV 2 NAL SIGNED B DISTRICT ISU be filed in composite be filed in composite be accompanied veli in accordant this form must b completed wells. ectione I, II, III or transporter, o	Topy of this form i 75221 Topy of this form i 74102 TOP TOP TOP TOP TOP TOP TOP TOP	s to be sent s to be sent 17/86 17/86 DLE 1104. dilled or de n of the de 111. apletaly for hanges of ange of cor
III. DESIGNATION OF TRANNA Name of Authorized Transporter of Mobil Pipeline Compared Interpreter of OXY NGL, Inc. If well produces off or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI 1 hereby certify that the rules and regubeen complied with and that the inform my knowledge and belief. Metinda K. Hickman (S. Production Supervisor November 17, 1988	VSPORTER OF OIL Cil or Conde any Casinghead Gas Unit Sec. 0 19 with thet from any o ad V on reverse side LANCE solutions of the Oil Conse mation given is true and co MMa ignature) (Title)	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P. 0. Address (P. 0. Is gas ac , give comr , give comr f BY TITLE TI well, t tosts t Able on FI well n Sc	Give oddress to <u>Box 900</u> , Give address to <u>Box 300</u> , itually connected <u>Yes</u> ningling order <u>OIL CO</u> OVED <u>ORIGI</u> this form is to this is a require his form must isken on the vist ame or number.	b which approved of Dallas, TX p which approved of Tulsa, OK Tulsa, OK P when Reconnumber: DNSERVATION NOV 2 NAL SIGNED B DISTRICT ISU be filed in comp est for allowable be accompanied well in accordant this form must b completed wells.	Topy of this form i 75221 Topy of this form i 74102 TOP TOP TOP TOP TOP TOP TOP TOP	s to be sent s to be sent 17/86 17/86 DLE 1104. dilled or de n of the de 111. apletaly for hanges of ange of cor
III. DESIGNATION OF TRANNA Name of Authorized Transporter of Mobil Pipeline Compared Interpreter of OXY NGL, Inc. If well produces off or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI 1 hereby certify that the rules and regubeen complied with and that the inform my knowledge and belief. Metinda K. Hickman (S. Production Supervisor November 17, 1988	VSPORTER OF OIL Cil or Conde any Casinghead Gas Unit Sec. 0 19 with thet from any o ad V on reverse side LANCE solutions of the Oil Conse mation given is true and co MMa ignature) (Title)	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P. 0. Address (P. 0. Is gas ac , give comr , give comr f BY TITLE TI well, t tosts t Able on FI well n Sc	(Give oddress to <u>Box 900</u> , (Give address to <u>Box 300</u> , itually connected <u>Yes</u> ningling order OIL CO OVED ORIGI this form is to this is a require his form must skewn on the v II sections of n new and rec fill out only S ame or number, sparate Forms	b which approved of Dallas, TX b which approved of Tulsa, OK Tulsa, OK A When Reconnumber: DNSERVATION NOV 2 NAL SIGNED B DISTRICT ISU be filed in composite be filed in composite be accompanied veli in accordant this form must b completed wells. ectione I, II, III or transporter, o	Topy of this form i 75221 Topy of this form i 74102 TOP TOP TOP TOP TOP TOP TOP TOP	s to be sent s to be sent 17/86 17/86 DLE 1104. dilled or de n of the de 111. apletaly for hanges of ange of cor
III. DESIGNATION OF TRANNA Name of Authorized Transporter of Mobil Pipeline Compared Interpreter of OXY NGL, Inc. If well produces off or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI 1 hereby certify that the rules and regubeen complied with and that the inform my knowledge and belief. Metinda K. Hickman (S. Production Supervisor November 17, 1988	VSPORTER OF OIL Cil or Conde any Casinghead Gas Unit Sec. 0 19 with thet from any o ad V on reverse side LANCE solutions of the Oil Conse mation given is true and co MMa ignature) (Title)	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P. 0. Address (P. 0. Is gas ac , give comr , give comr f BY TITLE TI well, t tosts t Able on FI well n Sc	(Give oddress to <u>Box 900</u> , (Give address to <u>Box 300</u> , itually connected <u>Yes</u> ningling order OIL CO OVED ORIGI this form is to this is a require his form must skewn on the v II sections of n new and rec fill out only S ame or number, sparate Forms	b which approved of Dallas, TX b which approved of Tulsa, OK Tulsa, OK A When Reconnumber: DNSERVATION NOV 2 NAL SIGNED B DISTRICT ISU be filed in composite be filed in composite be accompanied veli in accordant this form must b completed wells. ectione I, II, III or transporter, o	Topy of this form i 75221 Topy of this form i 74102 TOP TOP TOP TOP TOP TOP TOP TOP	s to be sent s to be sent 17/86 17/86 DLE 1104. dilled or de n of the de 111. apletaly for hanges of ange of cor
III. DESIGNATION OF TRANNA Name of Authorized Transporter of Mobil Pipeline Compared Interpreter of OXY NGL, Inc. If well produces off or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI 1 hereby certify that the rules and regubeen complied with and that the inform my knowledge and belief. Metinda K. Hickman (S. Production Supervisor November 17, 1988	VSPORTER OF OIL Cil or Conde any Casinghead Gas Unit Sec. 0 19 with thet from any o ad V on reverse side LANCE solutions of the Oil Conse mation given is true and co MMa ignature) (Title)	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P. 0. Address (P. 0. Is gas ac , give comr , give comr f BY TITLE TI well, t tosts t Able on FI well n Sc	(Give oddress to <u>Box 900</u> , (Give address to <u>Box 300</u> , itually connected <u>Yes</u> ningling order OIL CO OVED ORIGI this form is to this is a require his form must skewn on the v II sections of n new and rec fill out only S ame or number, sparate Forms	b which approved of Dallas, TX b which approved of Tulsa, OK Tulsa, OK A When Reconnumber: DNSERVATION NOV 2 NAL SIGNED B DISTRICT ISU be filed in composite be filed in composite be accompanied veli in accordant this form must b completed wells. ectione I, II, III or transporter, o	Topy of this form i 75221 Topy of this form i 74102 TOP TOP TOP TOP TOP TOP TOP TOP	s to be sent s to be sent 17/86 17/86 DLE 1104. dilled or de n of the de 111. apletaly for hanges of ange of cor
III. DESIGNATION OF TRANNA Name of Authorized Transporter of Mobil Pipeline Compared Interpreter of OXY NGL, Inc. If well produces off or liquids, give location of tanks. If this production is commingled NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPI 1 hereby certify that the rules and regubeen complied with and that the inform my knowledge and belief. Metinda K. Hickman (S. Production Supervisor November 17, 1988	VSPORTER OF OIL Cil or Conde any Casinghead Gas Unit Sec. 0 19 with thet from any o ad V on reverse side LANCE solutions of the Oil Conse mation given is true and co MMa ignature) (Title)	AND NATURA or Dry Gas 'Twp. 'Rge. 'TS '34E ther lease or pool <i>if necessary</i> .	L GAS Address (P. 0. Address (P. 0. Is gas ac , give comr , give comr f BY TITLE TI well, t tosts t Able on FI well n Sc	(Give oddress to <u>Box 900</u> , (Give address to <u>Box 300</u> , itually connected <u>Yes</u> ningling order OIL CO OVED ORIGI this form is to this is a require his form must skewn on the v II sections of n new and rec fill out only S ame or number, sparate Forms	b which approved of Dallas, TX b which approved of Tulsa, OK Tulsa, OK A When Reconnumber: DNSERVATION NOV 2 NAL SIGNED B DISTRICT ISU be filed in composite be filed in composite be accompanied veli in accordant this form must b completed wells. ectione I, II, III or transporter, o	Topy of this form i 75221 Topy of this form i 74102 TOP TOP TOP TOP TOP TOP TOP TOP	s to be sent s to be sent 17/86 17/86 DLE 1104. dilled or de n of the de 111. apletaly for hanges of ange of cor

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

J TEE

nd Jommoe

nr.

IV. COMPLETION DATA

.

.

Designate Type of Completio	on - (X)	OII Well	· I Gas Well I	Now Well	Workover I	l Deepen I	l Plug Back	' Same Res'v. 1 1	DIII. Resty	
Date Spudded	Date Compl. Ready to Prod.		Tatal Depth			P.B.T.D.	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oll/Gas Pay			Tubing Depth			
Perforations	"erforations						Depth Casing Shoe			
		TUBING,	, CASING, AN	D CEMENT	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
						······································				
			(T		·		l and must be a	and to or exc	red ton allo	

.

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Langth of Test	Tubing Preseure	Casing Prossure	Choke Size		
Actual Prod. During Test	C(1-Bb)#.	Water - Bbis.	Cas - MCF		

GAS WELL

Actual Prod. Tont-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-18)	Cosing Pressure (Shut-in)	Choke Size
			· ·

. ·.