Submit 5 Cooles
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hoobs, NM 88240

State of New Mexico Minerals and Natural Resources Department Ene

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

Santa Fe, New Mexico 87504-2088

| 000 Rio Brazos Rd., Aztec, NM 87410 | REQUEST FOR ALLOWABLE AND AUTHORIZATION |              |  |  |  |  |
|-------------------------------------|---|--------------|--|--|--|--|
| _                                   | TO TRANSPORT OIL AND NATURAL GAS        |              |  |  |  |  |
| Operator                            |   | Well API No. |  |  |  |  |
| M. when One-wating Con              | anamation :                             | 30           |  |  |  |  |

| Murphy Operating Cor   | porati                      | on :                |                         |  |  | 30-041  | -10596                       |  |
|--|-----------------------------|---------------------|-------------------------|--|--|---|------------------------------|--|
| Address<br>P. Ö. Drawer 2648, R  | :                           | :                   | Mexic                   | o 8820   | 2-2648   |   |                              |  |
| leason(s) for Filing (Check proper box)  New Well  Lecompletion  Change in Operator  Change of operator give name      | Oil                         | Change is           | Transport               | ter of:  | Change of we Effective Oc                      | ctober 1, 1989                                | (Previously State            |  |
| address of previous operator   |                             | A CT                |                         |  |  |   |                              |  |
| L DESCRIPTION OF WELL A LEASE NAME  Jennifer Chaveroo Sa   |                             | Well No.            | Pool Na                 | me, Includi                                    | ng Formation<br>San Andres                     | Kind of Lease<br>State, From Nor XFX          | Lease No.<br>0G-1193         |  |
| Jenniter Chaveroo Sal  | - Uni                       | 450010              | 1                       |  |  |   |                              |  |
| Unit Letter 0  | :6                          | 60                  | _ Feet Fro              | m The SC                                       | outh Line and 2310                             | Feet From The                                 | East                         |  |
| Section 19 Township  | 7 :                         | South               | Range                   | 34   | East NMPM, Ro                                  | osevelt                                       | County                       |  |
| II. DESIGNATION OF TRAN  | SPORTE                      | ER OF C             | IL ANI                  | NATU   | RAL GAS  |   |                              |  |
| Name of Authorized Transporter of Oil The Permian Corpora  |                             | or Conde            | nsate                   | <b>.</b>                                       | Address (Give address to which P. O. Box 1183, | a approved copy of this for<br>Houston, Texas | rm is to be seru) 77251-1183 |  |
| Name of Authorized Transporter of Casing   |                             | 52                  | or Dry (                | Gas  | Address (Give address to which                 |   |                              |  |
| OXY USA Inc  |                             |                     | Twp.                    | l Roe  | Is gas actually connected?                     | When ?  |                              |  |
| If well produces oil or liquids, jive location of tanks.   | Unit                        | Sec.                | _i                      | <u>i                                      </u> | yes  |   |                              |  |
| this production is commingled with that  | from any o                  | her lease o         | r pool, giv             | e comming                                      | ling order number:                             |   |                              |  |
| V. COMPLETION DATA   |                             | Oil We              | ii   C                  | Gas Well                                       | New Well Workover                              | Deepen   Plug Back                            | Same Res'v Diff Res'v        |  |
| Designate Type of Completion   |                             | <u> </u>            | <u> </u>                |  | Total Depth                                    | P.B.T.D.                                      |                              |  |
| Date Spudded   | Date Con                    | npl. Ready          | to Proc.                |  |  | r.B.1.D.                                      |                              |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation   |                             | Top OiVGas Pay      | Tubing Dep              | Tubing Depth                                   |  |   |                              |  |
| Perforations   |                             |                     |                         |  |  | Depth Casin                                   | g Shoe                       |  |
|  | ,                           |                     | 2 (14 (2)               | NC AND   | CEMENTING DECORD                               | 1   |                              |  |
| HOLE SIZE  | TUBING, CASING AND C        |                     |                         | DEPTH SET                                      |  |   |                              |  |
| 11000  |                             |                     |                         |  |  |   |                              |  |
|  | <u> </u>                    |                     |                         |  |  |   |                              |  |
|  |                             |                     | WARLE.                  |  |  |   |                              |  |
| V. TEST DATA AND REQUE OIL WELL (Test must be after  | ST FOR<br>recovery of       | ALLUV<br>total volu | ne of load              | oil and mu                                     | st be equal to or exceed top allow             | vab'e for this depth or be                    | for full 24 hours.)          |  |
| Date First New Oil Run To Tank   | Date of                     |                     |                         |  | Producing Method (Flow, purn                   | np, gas lift, etc.)                           |                              |  |
| Length of Test   | Tubing 1                    | Pressure            |                         |  | Casing Pressure                                | Choke Size                                    | Choke Size                   |  |
|  |                             |                     |                         |  | Water - Bbls.                                  | Gas- MCF                                      |                              |  |
| Actual Prod. During Test   | Oil - Bb                    | ls.                 |                         |  | Water - Boia                                   |   |                              |  |
| GAS WELL   |                             |                     |                         |  | ,  |   |                              |  |
| Actual Prod. Test - MCF/D  | Length                      | of Test             |                         |  | Bbis. Condensate/MMCF                          | Gravity of                                    | Condensate                   |  |
| Testing Method (pitos, back pr.)   | Tubing                      | Pressure (S         | Shut-in)                |  | Casing Pressure (Shut-in)                      | Choke Siz                                     | e                            |  |
| VI. OPERATOR CERTIFI   | CATE                        | OF CO               | MPI IA                  | NCF  |  |   |                              |  |
| I hereby certify that the rules and rep<br>Division have been complied with a<br>is true and complete to the best of m | sulations of and that the i | the Oil Co          | nservation<br>given abo | , .  | ·  | _   | 0 1990                       |  |
| Den a  | (                           | -                   |                         |  | Date Approve                                   | During City                                   | et bij                       |  |
| Signature  | D.                          | oduct i             | on Sur                  | pervis   | By   | Geologis                                      |                              |  |
| Lori Brown Printed Name  |                             |                     | Title                   |  | Title  |   |                              |  |
| 3/7/90   | (5                          | 05) 62              | 3-7211<br>Telephone     |  | -  | +2+   |                              |  |
| Date   | 4 1 1 4 4 4 4               | 4                   | 10000000                | Constituent.                                   |  | State of the Court                            |                              |  |

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.