ubmit 5 Copies ppropriate District Office <u>ISTRICT I</u> .O. Box 1980, Hobbs, NM 88240 <u>ISTRICT II</u> .O. Drawer DD, Artesia, NM 88210 <u>ISTRICT III</u> 000 Rio Brazos Rd., Aztec, NM 87410	) REQ	State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZAT TO TRANSPORT OIL AND NATURAL GAS							Form C-104 Revised 1-1-89 See Instructions at Bottom of Page			
MURPHY OPERATING	CORPOR	ATION										
Address P. O. Drawer 264	8, Rosw	ell, N	ew Me	xico 88	3202-264	8						
teason(s) for Filing (Check proper box)     New Well     Cecompletion     Thange in Operator	Oil Casinghe		Dry Ga Conden	s 🗌 sate 🗌	Change		ve Jur	ne 1, 198				
change of operator give name Min	ns Texa	s_0i1_8	Gas	, 7060	S. Yale,	,_ <u>#707 ,-</u> 1	ulsa,	<u>Oklahoma</u>	-74136	Stringer	0	
L DESCRIPTION OF WELL	L AND LE		Deel N	ma Includi	an Ecomotica			J		· · ·		
State V		1		laver00	San And	ires	Stat	d of Lease c, Pederal or Fe	X 0G 48	ease No. 397		
ocation C	6	60	Es et Es		lorth	660			West			
Unit Letter		Feet From The 7-South Banas 34-Eas				:+			Feet From TheLine Roosevelt			
Section 50 Towns	hip / 00		Range		, NI	APM,				County		
II. DESIGNATION OF TRA Vame of Authorized Transporter of Oil	NSPORTI	ER OF O or Conde				e address to wh	ich approv	ed copy of this	form is to be s	ent)		
Mobil <del>Oil Corporati</del>		line			P. O. E	3ox 900,	Dalla	s, Texas	75221			
	me of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [] OXY Cities Service NGL, Inc.				$\begin{array}{c c} \text{Address} (Gim \\ P. 0. \end{array}$	e address to wh 30X 300,	Tulsa	ed copy of this Oklahon	form is to be s. 1a 74102	ent)		
f well produces oil or liquids, ve location of tanks.	Unit							en?				
this production is commingled with the	at from any o	her lease or	pool, giv	e commingl					······································			
V. COMPLETION DATA	•	Oil Wel	1 1 0	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completio		i .	i		Total Depth			<u> </u>				
Date Spudded	Date Con	npl. Ready t	o Prod.		Total Depth			P.B.T.D.				
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
erforations								Depth Casing Shoe				
		TUBING	CASI	NG AND	CEMENTI	NG RECOR	D	<u> </u>				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									• • • • • • • • • • • • • • • • • • • •			
. TEST DATA AND REQU					<u> </u>							
OIL WELL (Test must be afte Date First New Oil Run To Tank	r recovery of Date of T		of load	oil and must		exceed top allo ethod (Flow, pu			for full 24 ho	urs.)		
								Choke Size				
ength of Test	Tubing P	Tubing Pressure			Casing Pressure			CHOKE SIZE				
Actual Prod. During Test	Oil - Bbl	5.			Water - Bbls.			Gas- MCF				
GAS WELL				<del>.</del>								
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Conder	sate/MMCF		Gravity of	Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFI I hereby certify that the rules and rej				NCE		DIL CON	ISER	VATION	DIVISIO	NC		
Division have been complied with a is true and complete to the best of m	nd that the inf	ormation gi		e				JU	L061	989		
					Date	e Approve	d					
Signature					By_	•		Eddia	W. San	<b>v</b>		
Donna Bauer Production Supervisor Printed Name Title					Oil & Gas Inspector							
June 26, 1989			623-7		Title					•		
Date		Te	lephone l	<b>4</b> 0.								

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.