Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

Ent 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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well	API No.			
Murphy Operating Co	rporat	ion							30-09	11-1	10611	
Address	:	:										
P. Ö. Drawer 2648,	<u>Roswel</u>	l, New	Mex	<u>ico</u>	8820	2-2648						
Reason(s) for Filing (Check proper box)		~				[A] Oth	er (Please expl	ain)				
New Well	0'1	Change K			r of:	Cł	nange of	well #	& Name (Pr	reviou	sly State	
Recompletion	Oil Cod-aba	ad Gas	Dry (Et	fective	October	1, 1989	21100	3.5 0000	
Change in Operator If change of operator give name and address of previous operator	Campne	ad Gas [Cont		<u>د</u>				rter Effec	tive:	April 1,	
•											•	
IL DESCRIPTION OF WELL	AND LE		I Do at			- F						
Lease Name	Andros		4		•	ng Formation	luaa		of Lease Foderal ox Fee		25c No.	
Jennifer Chaveroo San		sec-19	91	Ciia	verou	San And	res		XXXXXXXX	<u> </u>	1193	
Unit LetterI			Fcet	From	The S	outh Lim	and 990	Fe	et From The	ast	Line	
Section 19 Townshi	p 7	South	Rang	ge 34	4 Eas	t. , N	ирм, Ко	osevelt			County	
III. DESIGNATION OF TRAN	SPORTI			.ND	NATU							
Name of Authorized Transporter of Oil YY or Condensate							Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183					
	~											
OXY USA Inc						Address (Give address to which approved copy of this form is to be sent)						
If well produced oil or liquids, give location of tanks.	Unit	Sec.	Twp.	. 	Rge.		gas actually connected? When?					
If this production is commingled with that	from any or	her lease o	or pool, g	give c	gnimmo	ing order hum	xer:					
IV. COMPLETION DATA		Oil We	-11	Gas	Well	New Well	Workover	Drepen	Plug Back San	ne Pec'u	Diff Res'v	
Designate Type of Completion	- (X)	1	···	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		HOLLOVEI	Diepen	i ring back jour	lie Ve? A	Dill Kes v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Pay		Tubing Depth			
Perforations	1					l			Depth Casing Sh	106		
		TUBIN	G, CAS	SINC	AND	CEMENTI	NG RECOR	W W				
HOLE SIZE	CASING & TUBING SIZE						DEPTH SET			KS CEM	ENT	
									1			
									<u> </u>			
N. WEST DATE AND DECLE	CT FOR	ALLOX	VADI	T.		l						
Y. TEST DATA AND REQUE: OIL WELL (Test must be after)	ST FOR	ALLOY	ABL	ad oil	and must	he equal to a	· · exceed top all	louphle for th	is depth or he for t	full 24 hou	re l	
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of T		ne oj ioa	10 04	ana musi		ethod (Flow, p			E1 24 NOU	/3./	
Date blig New Oil Kutt 10 1ank	Date of 1	ca							,			
Length of Test	Test Tubing Pressure					Casing Press	ນາເ		Choke Size			
Lugar or 1.02												
Actual Prod. During Test	Oil - Bbl:	Oil - Bbls.					Water - Bbls.			Gas- MCF		
GAS WELL							•			•		
Actual Proxl. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE C	F CON	/PLIA	ANC	Œ							
I hereby certify that the rules and regu					, .		OIL CO	NSERV	'ATION D	IVISIO	ON .	
Division have been complied with and	i that the int	formation :	given ab	ογe				MAD	3 0 1990	1		
is true and complete to the best of my	knowledge	and belief	Г.			Date	e Approv	ed MIMN	לכנו יי פ	•		
	(Dal	c vibblios.					
John I Trough	<u></u>					D.,	٠.	Orig. Si	gned b y			
Signature Lori Brown Production Supervisor							Paul Kautz					
Lori Brown	- 71.0	uucti	<u>วก รบ</u> มีเป		v 1501	- 11		Geol	ogist			
Printed Name 3/7/90	(50	15) 62	3-721			Title	9					
			Telephor									
						1.1						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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- 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.