Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III

Santa Fe, New Mexico 87504-2088

I.	REQUEST	FOR AI	LLOWA ORT OI	BLE AND A	AUTHORI	ZATION				
TO TRANSPORT OIL AND NATION						Well API No.				
Address										
777 MAIN STREET, Resson(s) for Filing (Check proper box)	SUITE 250) <u>F</u>	ORT W		EXAS 76	102				
New Well		in Transpo	orter of:	Li Othe	T (Please expl	ain)				
Recompletion	Oil Code that a h #	Dry Ca								
If change of operator give name	Casinghead Gas									
and address of previous operator	MURPHY OPI	RATIN	G COR	PORATIO	<u> </u>			3.1		
IL DESCRIPTION OF WELL Lease Name Chavero		. 16								
Jennifer CSA Unit	Sec 30 2	g Formation Kind			f Lease Lease No. Bederal or Fee F 1 2 7 6					
Location Unit Letter B	330		om The					<u> </u>	70	
Section 30 Towns		Range			and 23				Line	
III. DESIGNATION OF TRAI					IPM, ROO	<u>sevelt</u>			County	
Name of Authorized Transporter of Oil Scurlock/Permian	or Con	den mie	D NATU	Address (Give	address to wh	ich approved	copy of this for	m is to be see	u)	
Name of Authorited Transporter of Casis	, and the same of					DUSTON, TX 77251-1183 which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	ROX 30	O, Tuls	Sa, OK When	74102		·	
If this production is commingled with that IV. COMPLETION DATA	from any other lease.	or pool, giv	e comming)	ing order number	er.					
TV. COMPLETION DATA	louv		as Well	New Well						
Designate Type of Completion Date Spudded	1 - (X)	i		i i	Workover	Г)оерев	Plug Back	Same Res'v	Diff Res'v	
	Date Compl. Read	to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil Gas Pay			Tubing Depth			
Perforations		·		I			Depth Casing	Shoe		
	TUBIN	G, CASIN	IG AND	CEMENTIN	G RECORI		<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUE	ST FOR ALLOY	VADIE								
OIL WELL (Test must be after t	recovery of total volum	rable rofloado	il and muss	be equal to or e	Meed top allo:	unhle for this	e dansh on he for	611341	. 1	
Date First New Oil Run To Tank	Date of Text			Producing Meu	hod (Flow, pu	np, gas lýs, e	ic.)	Jul 24 Rours	<u>.) </u>	
Length of Test	Tubing Pressure	<u> </u>		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 Test			Bbls. Condensate MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (St	ш-ip)		Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	ATE OF COM	PLIAN	CE				!	·		
I hereby certify that the rules and regul Division have been complied with and	ations of the Oil Cons	ervation	:		IL CON	SERVA	ATION D	IVISIO	N	
is true and complete to the best of my	knowledge and belief.	2 -20.0		Date :	Annrovec					
(30++-1/54m)				Date Approved						
Signature Botty Howe Do	<u> </u>			Ву	Paul F	autu:				
Betty Usry, Pr		Title	uprv.	7:10	Geolo				-	
09/18/91 (8	<u>17) 338-40</u>	43		11110-						

The second established by the second of the 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 minutes of the changes of operator, well name or number, transporter, or other such changes

MCNV(E)

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