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

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

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator							1,011	2110.		1	
Murphy Operating Co	rporati	on :					ا ا	30-04	1-106	14	
Address	:		M - · •	000	0.0040						
P. O. Drawer 2648, leason(s) for Filing (Check proper box)	<u>Koswell</u>	, New	Mex 1	0 8820		t (Please explai	in)				
lew Well		Change i	in Transpo	xter of:	_	•		0 Nama / I		-1	
ecompletion .	Oil		Dry Ga							sly Hobbs	
hange in Operator	Casinghea		¬ -			fective (1 B)	
change of operator give name ad address of previous operator				•		ange ot - 		rter-t-t	ective	April-1,1 	
L DESCRIPTION OF WELL	AND LE	ASE									
ease Name Well No. Pool Name, Including						. II.II.II				6/ Lesse No. K-1370	
Jennifer Chaveroo Sar				veroo	<u>San Andre</u>	es	State,	teledaval tele	/ K-1	3/0	
ocation		Sec 3.			N1 4. l.	0210	,		Coc+		
Unit Letter B	<u>:_330</u>		Feet Fr		North Line				East	Line	
Section 30 Townshi	p 7 So	uth	Range	34_	East , NN	rpm, Ro	<u>osevel</u>	t		County	
II. DESIGNATION OF TRAN	SPORTE	R OF (OII. AN	D NATU	RAL GAS	SCUR	LOCK PERM	MAN CORP E	FF 9-1 -9 1		
vame of Authorized Transporter of Oil		or Cond			Address (Give	address to who	ich approved	copy of this fo	rm is to be se	ent)	
T he Permian Corpora	±101′					P. O. Box 1183, Houston, Texas 77251-1183					
Name of Authorized Transporter of Casin	ghead Gas Ne	S	or Dry	Gas	Address (Give	e address to wh	ich approved	copy of this fo	rm is to be so	eni)	
if well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.	Rge	Is gas actually connected? When			?		·	
this production is commingled with that	from any od	her lease o	or pool, gi	ve comming	ling order numb	er:					
V. COMPLETION DATA							1 -	· · · · · ·		- him h	
Designate Type of Completion	- (X)	Oil We	ell j	Gas Well	New Well	Workover	D-жерев 	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready	to Prod.		Total Depth		1	P.B.T.D.			
						Top Oil/Gas Pay					
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Old Gas I	ray		Tubing Depth			
Perforations								Depth Casin	g Shoe		
TUBING, CASING AND					CEMENTI				T		
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								1			
V. TEST DATA AND REQUE	ST FOR	ALLO	WABLE	E					s		
						be equal to or exceed top allowab'e for this depth or be for full 24 hows.) Producing Method (Flow, pump, zas lift, etc.)					
Date First New Oil Run To Tank	Date of Test				r roducing iv	Freducing Medica (1-10%, purp., 343-141, etc.)					
Length of Test	Tubing P	Tubing Pressure			Casing Press	Casing Pressure			Choke Size		
	Oil - Bbls.							C. MCC			
Actual Prod. During Test					Water - Bbis.			Gas- MCF			
						,					
GAS WELL		CT.ct			Bbls Conde	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				,	Dole. Condensation of					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
		T 00	MOT T !	NICTO	-\						
VI. OPERATOR CERTIFI						OIL COI	NSER\	MOITA	DIVISI	ON ·	
I hereby certify that the rules and reg Division have been complied with an	d that the in	formation	given abo	ove			1	AND a	1000		
is true and complete to the best of m	y knowledge	and belie	f.		Dat	e Approve	ed	MAR 3 () IJJU		
	1						Orig.	Signed by			
Tor I grow	ــــــــــــــــــــــــــــــــــــــ				By_		Pau	l Kautz ologist			
Signature Lori Brown Production Supervisor					(1)		₩.	OTORINA			
Printed Name Title					Title	ee		·			
_3/7/90	(50		3-721 Telephon		·			• •			
Date			•	c Ivo.						_	

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.