## abmit 5 Copies ppropriate District Office ISTRICT I O. Box 1980, Hobbs, NM 88240

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## State of New Mexico Energy, Minerals and Natural Resources Department

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

Well API No.

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

<u>ISTRICT III</u> XXX Rio Brazos Rd., Aztec, NM 87410

ISTRICT II O. Drawer DD, Artesia, NM 88210

> REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MURPHY OPERATION	NG CORPORATION	N						
P. O. Drawer 2	648, Roswell,	New Mexico	88202-2	648				
ason(s) for Filing (Check proper box)			Oth	er (Please expla	in)			
w Well		Transporter of:						
completion		Dry Gas	Change	-fft	. 1	1 1000		
ange in Operator	Casinghead Gas	Condensate		<u>effectiv</u>				
nange of operator give name address of previous operator	<del>is Texas Oil (</del>	Gas, 7060	S. Yale	<del>,</del> #707,	<del>Fulsa, (</del>	<del>Oklahoma</del>	74136 Stri	
DESCRIPTION OF WELL		T			1 75: 1			
ase Name	l l	Pool Name, Inclu	-	luca		of Lease XXXXXXXXXXXXX	Lease No.	
State V	2	Lnavero	o San And	ires	Drawnin's	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	QG 4897	
Unit Letter F	. 1981.5	Feet From The N	orth in	763,	6 12	et From The _	West	
Omit Detter	•							
Section 30 Townsh	ip 7S	Range 34E	, N	MPM,		Roos	evelt Count	
DESIGNATION OF TRAIN	SPORTER OF O	IL AND NATI	JRAL GAS					
me of Authorized Transporter of Oil	or Conde		Address (Giv	Address (Give address to which approved copy of this form is to be sent)				
<u> 1obil <del>Oil Corporatio</del></u>	obil Oil Corporation Pipeline			P. O. Box 900, Dallas, Texas 75221				
ne of Authorized Transporter of Casir		or Dry Gas	1				rm is to be sent)	
XY C <del>ities Service</del> N	GL, Inc.	·		Box 300,			a 74102	
rell produces oil or liquids,	Unit Sec.	Twp. Rge		y connected?	When	?		
location of tanks.				les	l			
s production is commingled with that COMPLETION DATA	. Irom any other lease or	pool, give commin	Runk order una					
Designate Type of Completion	Oil Wel	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v Diff Re	
e Spudded	Date Compl. Ready t	o Prod.	Total Depth	I	1	P.B.T.D.	L	
Spoulei	Date Compt. Ready t	- 100				1.2.1.2.		
rations (DF, RKB, RT, GR, etc.)	DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth	
the state of the s						Doroth Control	y Shoo	
prations						Depth Casing	g snoe	
	TIRING	, CASING ANI	CEMENT	NG RECOR	D.			
HOLE SIZE	CASING & T			DEPTH SET		S	ACKS CEMENT	
Trock One								
TEST DATA AND REQUE	ST FOR ALLOW	ABLE						
	recovery of total volume	of load oil and mu		r exceed top alle lethod (Flow, pi			or full 24 hours.)	
e First New Oil Run To Tank	Date of Test		Producing N	ieulou (riow, pi	ump, gus 19-,	E1C.)		
ngth of Test	Tubing Pressure		Casing Press	Casing Pressure			Choke Size	
TENT OF YOR	Tuoing Freesure							
tual Prod. During Test	Oil - Bbls.		Water - Bbis	<b>.</b>		Gas- MCF	<u> </u>	
AS WELL								
tual Prod. Test - MCF/D	Length of Test		Bbls, Conde	nsate/MMCF		Gravity of C	condensate	
			Cosine De-	num (Chur !-)		Choke Size		
ting Method (pitot, back pr.)	Tubing Pressure (Shi	ш-m)	Casing Pres	sure (Shut-in)		Choke Size		
			<del></del>					
L OPERATOR CERTIFIC					USERY	MOITA	DIVISION	
I hereby certify that the rules and reg	ulations of the Oil Cons	ervation			40L11V	ii	JI 0 6 198	
Division have been complied with an is true and complete to the best of my		ven above		_	لہ	J	7	
a and sompton to all ook of m	,		Dat	e Approve	ea			
Donna Bauer						Eddia '	W Some	
			, ∥ By	ByEddie W. Seay				
Donna Bauer	FIOUUCCION	<u>`</u>	· 11			лт & Ga	s Inspector	
Printed Name June 26, 1989	(505)	Title 623-7210	Title	<del></del>				
Date		elephone No.	.			• .		

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.