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

State of New Mexico Ener 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 Brizos Rd., Aziec, NM 87410

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	TO TRA	ANS	PORT OIL	AND NA	TURAL GA	\S				
Operator						Well A					
Murphy Operating Corporation							<u> </u>	30-0	30-041-10630		
Address P. Ö. Drawer 2648, F	: Roswell	, New	Mex	kico 8820	02-2648				,		
Reason(s) for Filing (Check proper box)		_		_	X Oth	er (Please explo	iin)				
New Well				sporter of:	Cł	nange of	well #	& Name	(Previou	ısly Homme	
Recompletion \square	Oil Codestant		Dry	densate		fective					
Change in Operator	Casinghead	d Gas	Con	idensate [Cł	nange of	Transpo	orter Ef	fective	April 1,1	
If change of operator give name and address of previous operator				•							
II. DESCRIPTION OF WELL A	AND LEA										
Lease Name Jennifer Chaveroo San Andres Well No. Pool Name, Including 29-05 Chaveroo S									of Lease No. Federal 905790 NM-014		
Location Unit LetterE		જ્ય ાન 980	Fee	t From The	North Lin	and 66	50 _E	eet From The	West	Line	
Section 20 Township	7 So	uth		nge 34 Ea		MPM,	Roose			County	
III. DESIGNATION OF TRAN										Codiny	
Name of Authorized Transporter of Oil	[YY]	or Conde			Address (Giv	e address to wh					
The Permian Co rpora t	t 10A ′			· .	P. O. E	3ox 1183,	Houst	on, Texa	s 77251-	1183	
Name of Authorized Transporter of Casinghead Gas or Dry Gas A					Address (Giv	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids,					Is gas actually connected? When			n ?	?		
give location of tanks.	<u> </u>		1_			es					
If this production is commingled with that f	from any oth	er lease or	pool,	give comming	ling order mam	ber:					
IV. COMPLETION DATA		_,							·,	<u> </u>	
Designate Type of Completion	- (X)	Oil Wel	1]	Gas Well	1	Workover 	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>				Depth Casing Shoe		
									_		
	T	UBING	, CA	SING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				1	DEPTH SET			SACKS CEMENT		
					<u> </u>						
	1										
V. TEST DATA AND REQUES	ST FOR A	TLOW	ABI	LE.						,	
OIL WELL (Test must be after r			e of la	oad oil and mus	si be equal to o	ethod (Flow, p	owable for II	his depth or be	Jor Juli 24 hou	<u>vs.)</u>	
Date First New Oil Run To Tank	Date of Te	st			Producing M	euroa (riow, pi	ump, gas iyi,	, e ic.)			
Leasth of Test	Tubing Pressure				Casing Press	Casing Pressure			Choke Size		
Length of Test	Tubing Plessure					·					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	<u>. </u>		Gas- MCF			
	ļ										
GAS WELL	_ •					•			•		
Actual Prod. Test - MCF/D	CF/D Length of Test				Bbls, Conde	Bbls, Condensate/MMCF			Gravity of Condensate		
					,						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-in)			Choke Size		
M Open Aron Gramme	LATE OF	E CON 4	י זמ	ANCE	_	· · · · · · · · · · · · · · · · · · ·					
VI. OPERATOR CERTIFIC						OIL COI	USER	VATION	DIVISION	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						MAR 3 0 1990					
is true and complete to the best of my					Det	e Approve	ed e	IVIPAI	0 0 10	IUŲ	
	,				Dai	• •					
John Drawk	<u> </u>				D		•	ا المعادد	Ciamad he	•	
Signature Dundwation Supervisor					By_			Drig.	ol Kautz		
Lori Brown Production Supervisor					11			G	Signed by il Kautz eologist		
Printed Name 3/7/90	1505	5) 623			Title	9					
3///9U Date		T. U.C.S	elepho	one 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.