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 Brazos Rd., Aziec, NM 87410

Operator

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

oration

Well A

Murphy Operating	Corporatio	n :			30041-10655-							
Address P. O. Drawer 2648	Roswoll	Nou M-	v	20.000	00.0040				00			
P. O. Drawer 2648 Reason(s) for Filing (Check proper bo	, KUSWEII,	New Me	X10	0 8820	02-2648	(D)						
New Well	•	Change in Tra	nsnor	der of:		er (Please expl	•					
Recompletion .	Change in Transporter of						Change of well # & Name (Previously Hobbs					
Change in Operator	Casinghead		ndens					r 1, 1989		7- E		
change of operator give name					————CI	nange of	Transp	orter Effe	ctive	April 1,		
L DESCRIPTION OF WEL	L AND LEAS	SE								•		
Lease Name	V	Well No. Po			ing Formation		Kind	of Lease	L	ease No. 370		
Jennifer Chaveroo S	an Andres Unit;	Sec 29		navero	oo San A	nares	State	, that stated	K-1.	370		
Unit Letter E	. 1650	•	a Fro	on The NO	orth Lin	and _ 330	F	eet From The	West	Line		
Section 29 Town	uship 7 Sout		nge	- · -			osevel					
										County		
II. DESIGNATION OF TRA lame of Authorized Transporter of Oi	1 0	or Condensate		NATU		e address to wh	ich approved	MIAN CORP EFF	9-1-91	ent)		
The Permian Corpor	ation.		L		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183							
Name of Authorized Transporter of Ca	Singhead Gas	Or 1	Dry C	Gas [Address (Giv	e address to wh	ich approved	d copy of this form	is to be se	nt)		
well produces dil or liquids, ve location of tanks.	Unit S	iec. Tw	р.	Rge.	Is gas actually connected? When			1?				
this production is commingled with the	nat from any other	lease or pool,	, give	comming	ing order numl	Ser:						
V. COMPLETION DATA		Oil Well	G	as Well	New Well	Workover		1 10 10 10				
Designate Type of Completion	on - (X)		<u> </u>			WORGVET	Deepen	Plug Back Sar	ne Res'v	Diff Res'v		
ate Spudded	Date Compl.	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
evations (DF, RKB, RT, GR, etc.)	F, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
erforations								Depth Casing Shoe				
HOLE CIZE		TUBING, CASING AND C										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				

. TEST DATA AND REQU	EST FOR AL	LOWABL	Æ		·							
	er recovery of total	I volume of lo	ad oil	l and must					шl 24 how	rs.)		
ate First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pw	mp, gcs lift,	eic.)				
ength of Test	Tubing Pressa	Tubing Pressure			Casing Pressu	re		Choke Size	Choke Size			
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL					.1	,		<u> </u>	.			
ictual Prod. Test - MCF/D	Length of Tes	Length of Test				Bbls, Condensate/MMCF			Gravity of Condensate			
esting Method (pitor, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			· Choke Size			
I. OPERATOR CERTIF				CE			SEDV	ATION DI	\/ICIC	\Ν Ι ·		
I hereby certify that the rules and re- Division have been complied with a				•			OLI IV					
is true and complete to the best of n			A116			A	_1	MAR 3	0.19	3 U		
	. 1				Date	Approve						
Tou I Trais	<u> </u>				D.,	•						
Signature Lori Brown Production Supervisor						By Orig. Signed by Paul Kautz						
Printed Name	Title Geologist											
3/7/90	(505)	623-721						·				
Date		Telephor	se No	۶.	11			•				

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.