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

## 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

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.C. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 8/304

• •	REQ	UEST F	OR AL	TOMAE	BLE AND	<b>AUTHORI</b>	ZATION				
<b>(.</b>		TOTRA	NSP	ORT OIL	AND NA	TURAL G	AS				
Operator CONTROL CONTR						Well API No.					
MURPHY OPERATING CORPORATION						3c 041-10655					
Address	-		:						<del></del>		
P.O. Drawer 2648, Ros	:well,	New Me	xico	88202-	2648						
Reason(s) for Filing (Check proper box)					Oth	ner (Please expl	lain)				
New Well		Change in				Change	o officet	ivo Augus	+ 1 10	00	
Recompletion $\square$	Oil		Dry Ga			Change	e errect	ive Augus	L 1, 190	89	
Change in Operator	Casinghe	ad Gas	Conden	sate							
f change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	ANDIE	PACE								-	
Lease Name	MIND LE		Pool N	ame Includi	ng Formation		Vind.	of Lease	1 7	N.	
Hobbs W						o San Andres State,			(Lease Lease No. K-1370		
Location		1		J. Tavero	O Odil III	10103		XXXXXXX		10,0	
Unit Letter E	: 165	50	East Es	mm The	North ::-	ne and 330		et From The	dest		
Omt Lener			_ rea ri	on the	1101 CII. LII	E 2110	re	et From The	1030	Line	
Section 29 Township	7 9	South	Range	34 Ea	st ,N	імрм,	Rooseve	1t		County	
III. DESIGNATION OF TRAN	SPORT			D NATU							
Name of Authorized Transporter of Oil or Condensate Texaco Trading & Transportation Inc.					Address (Give address to which approved copy of this form is to be sent) P.O. Box 60628, Midland Texas 79711-0608						
Name of Authorized Transporter of Casinghead Gas or Dry Gas OXY NGL Inc					Address (Gi	ve address to w	hich approved	copy of this form	is to be sent)	)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actual	ly connected?	When	?			
give location of tanks.	<u></u>	<u>ļ.</u> ,	L	1	<u> </u>		1				
If this production is commingled with that i	from any of	ther lease or	pool, giv	ve comming!	ing order nur	iber:					
V. COMPLETION DATA		loa wer		Gae Wall	Naw 317-11	Water	1 5	I no n i la			
Designate Type of Completion	- (X)	Oil Wel	1 1	Gas Well	New Weil	Workover	Deepen	Plug Back  Sa	me Res'v	Diff Res'v	
Date Spudded		npi. Ready t	o 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								Depth Casing S	hoe		
					CEMENT	ING RECOR					
HOLE SIZE	C.	ASING & T	UBING S	SIZE	DEPTH SET			SACKS CEMENT			
	┼								·		
					<del> </del>						
	+				<del> </del>						
V. TEST DATA AND REQUES	TFOR	ALLOW	ABLE		<u></u>						
OIL WELL (Test must be after r					be equal to o	or exceed top all	lowable for th	is depth or be for	full 24 hours	.)	
Date First New Oil Run To Tank	Date of T				~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	Aethod (Flow, p			<u></u>	<u> </u>	
Length of Test	Tubing P	Tubing Pressure				sure		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbl	s.			Water - Bbis.			Gas- MCF			
	<u> </u>				<u> </u>			<u> </u>			
GAS WELL									•		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	ensate/MMCF		Gravity of Con	densate		
Testing Method (pitot, back pr.)	Tubing F	ressure (Shi	n-iv)		Casing Pres	sure (Shut-in)		Choke Size			
					I			1			
VI. OPERATOR CERTIFIC				NCE			NOEDV	ATIONE	N/ICIO	N I	
I hereby certify that the rules and regul	lations of th	he Oil Conse	rvation			OIL CO	NOE:HV	ATION D			
Division have been complied with and			ven abov	ře				OCT	1819	189	
is true and complete to the best of pay	*HOWIEdge	and pellel.			Dat	te Approve	ed			- •	
Xni://	k 0	<b>u</b> /					:·				
June W. J	rou	<b>7</b> 4			By_	OF	RIGINAL SI	GNED BY JER	RY SEXTO	INC	
Signature Lori A. Brown	Pr	oductio	on Su	<u>perv</u> iso				ICT I SUPERV			
Printed Name		(505)			11	e					
August 28, 1989		(505)	023-	1210	- 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.

Telephone No.

- 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.