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

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

## 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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

	REQUEST FO TO TRA	OR ALLOWA NSPORT OIL			AS .				
Operator Murphy Operating (	Corporation				Well A	IPI No.			
Address	:	Movico 882	02_26/18			7		<del></del>	
P.O. Drawer 2648, Reason(s) for Filing (Check proper box)	ROSWEII, NEW I	Mexico 862		r (Please explo	iin)		<del></del>		
New Well		Transporter of:							
Recompletion   Change in Operator   X		Dry Gas Condensate	Fffe	itive Se	otember	12, 1989			
change of operator give name	Casinghead Gas Ingram, P.O.								
and assisted of provided operators	, <del>, , , , , , , , , , , , , , , , , , </del>	DON. 2707		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				∢.	
I. DESCRIPTION OF WELL Lease Name Hinton		Pool Name, Includ				f Lease Lease No.			
Location		B. a. c. c	711476	, 555 25	-777				
Unit Letter A	660	Feet From The _	North Line	and 660	· Fe	et From TheE	st	Line	
Section 22 Townsh	ip 8 South	Range 37	East , N	ирм, Ко	oosevelt			County	
II. DESIGNATION OF TRAI	SPORTER OF OI	L AND NATU	JRAL GAS						
Name of Authorized Transporter of Oil	or Condens		Address (Giv			copy of this form i		()	
Pride Pipeline Cor		P.O. Box 2436, Abilene, Texas 79604							
	of Authorized Transporter of Casinghead Gas  or Dry Gas Oxy Cities Service Ngl, Inc.			Address (Give address to which approved copy of this form is to b P.O. Box 300; Tulsa, Oklahoma 7410				1)	
If well produces oil or liquids, pive location of tanks.		Twp.   Rge 8S   37E		Is gas actually connected?   When? Yes   10/18/79					
f this production is commingled with that		pool, give comming	gling order num	er:					
V. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sam	e Pes'v	Diff Res'v	
Designate Type of Completion	- (X)	<u> </u>	_i	i i cakorei	L	Fidg Back  Sair		Dill Kes v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth	Total Depth		P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Oil∕Gas Pay			Tubing Depth		
Perforations						Depth Casing Sh	⊙e		
	TUBING	CASING AND	CEMENTI	NG RECOR	D.				
HOLE SIZE	CASING & TU	CENTERVIE	DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR ALLOW A recovery of total volume		st be equal to or	exceed top all	owable for th	is depth or be for fi	41 24 hour.	s.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure	Casing Press	Casing Pressure			Choke Size			
		Water - Bols	Water Phil			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	HAGE - DOIS	Water - Bols			,			
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test	Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	Casing Press	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE OF COME	PLIANCE		O!!		/ATION ! = :	\ // 0 : 0		
I hereby certify that the rules and reg	ulations of the Oil Conser	rvation '		OIL COI	NSERV	ATION DI			
Division have been complied with an is true and complete to the best of m		en above		n Λ	- d	UCT	3 1	1989	
			Date	e Approve	ea				
Non Al	UUIL		By_	 OPIG	I <u>nal</u> sign	IED DV IEDDV	<u>Cevy</u> al	L	
Signature Lori Brown	Production :		DISTACT I SUPL						
Printed Name October 26, 1989	(505)	Tiue 623-7210	Title	)	<del></del> .	<del></del>			
Date		ephone 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.

RECEIVED

OCT 27 1989 OCD HOSBS OFFICE