Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

J.	ı	O THAIR	SCONI		AN UNA	I OUVE OV	10				
Operator							l l	API No.	······································		
Murphy Operating Corporation						30-041-20440					
Address D. O. D. O. C.	D	11 "			0000	0 0515					
P. O. Box 2545 Reason(s) for Filing (Check proper box)	, Roswe	11, Ne	ew Mexi	<u>i c c</u>		2-2545 er (Please expla	zin)				
New Well		Change in Ti	ransporter of:			i (riease expia	ivi) `				
Recompletion	Oil		ry Gas	7	Change	e effect:	ive Apr	il 1, 19	92		
Change in Operator	Ü		•	•							
If change of operator give name		Gas 🔀 C		<u></u>							
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	cludii				1		ase No.				
Cone Federal		2	Tor	nah	awk San	Andres	XXX)	Federal 97XFX	K NM-	15019	
Location	. 660	.		17	. 1	1000	`				
Unit LetterC	orth Line and 1980 Feet From The West Line										
Section 31 Township 7 South Range 32 East						st ,NMPM, Roose				County	
III. DESIGNATION OF TRA	NSPORTE	OF OIL	AND NA	TUI							
Name of Authorized Transporter of Oil	IX I	or Condensa	1 1		f	e address to w		•		nt)	
Petro Source Partners, Ltd.						P. O. Box 1356, Dumas, TX 79029 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casi	.=	×	r Dry Gas		Address (Giv	e address to wi	hich approved	copy of this f	orm is to be se	nt)	
If well produces oil or liquids,		Sec. T	wp. I	Roe	ls gas actuall	v connected?	When	. 2			
give location of tanks.	1 1	31	7S 32	-	gro toma	, comecaca:	1	• •			
If this production is commingled with tha	from any other				ing order numl	per:					
IV. COMPLETION DATA											
Designate Time of Completion	. ~	Oil Well	Gas We	tt	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Bandrida B			Total Depth		<u> </u>		<u> </u>	<u> </u>	
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Land of Troubles								Labing Bapa.			
Perforations					h			Depth Casir	ng Shoe		
								<u> </u>			
	TUBING, CASING AND				CEMENTI						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								-			
								 			
								- 			
V. TEST DATA AND REQUE	ST FOR A	LLOWAI	BLE		1						
OIL WELL (Test must be after	recovery of tol	al volume of	load oil and	must	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
								Choke Size			
Length of Test	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF		
Verm Lion Same Lea	Oil - Bois.										
GAS WELL	<u> </u>							•		· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCF/D	Length of 7	îest .			Bbls. Conder	sate/MMCF		Gravity of	Condensate	. · ·	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFI	CATE OF	COMPI	LIANCE				JOEDV	ATION	DUNGIC		
I hereby certify that the rules and reg						DIL COI	NOEH V	AHON	DIAIZIC	אכ	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					APR 21'92						
is the and complete to the beat of m	/ Miowiedge at	d benen.			Date	Approve	ed				
Caral Chy	Darre	ريو							A martine of		
Signature Y.	Jarre	<u> </u>	· · · · · · · · · · · · · · · · · · ·	-	∥ By_	<u>10294</u>	\$ 67870	SY JERRY	fexhor		
<u>Carol J. Garci</u>	a, Prod			<u>y s</u> t	=	Ç.	91 "987" S	Celvrayu	F('		
Printed Name	F 0 F		Tide		Title						
4/8/92 Date	505-	622-1 Telep	hone 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.