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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, Artenia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1.		O THAN	ISPC	HIOIL	AND NA	UHAL GA		51.51			
Operator Componentian Componentian							1	Weil API No.			
Murphy Operating Corporation Address							1 30	30-041-20486			
P. O. Box 2545,	Pogre	11, Ne	۰ y	lovica		2-2545					
Reason(s) for Filing (Check proper box)	KOSWE	11, 146	EW L	TEXICO		t (Please expla	iiz) ,				
New Well	(	Change in T	ranspor	ter of:	سا و	( 101	,				
Recompletion	Oil	~_	Ory Gas	_	Change	e effect:	ive Apri	.1 1, 19	92		
Change in Operator		Gas 🖾 C	•		_						
If change of operator give name					· · ·					······	
and address of previous operator		<del></del>								<del></del>	
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	ng Formation			(ind of Lease No.							
Cone Federal 10 Tomah						awk San Andres 🕺			the Federal of The NM-1501		
Location											
Unit Letter N	: 660	<u>)                                    </u>	eet Fro	m The <u>So</u>	uth Line	and 1901	<u>  Fe</u>	et From The	West	Line	
				14							
Section 30 Townshi	p 7 Sou	th F	Range	32 Ea	st , N	ирм,	Ko	osevelt	<del></del>	County	
III. DESIGNATION OF TRAN	SPORTER	R OF OIL	ANI	NATUI	RAL GAS						
Name of Authorized Transporter of Oil	[X]	or Condensa	te [			e address to wh	ich approved	copy of this f	orm is to be se	nt)	
Petro Source Partners, Ltd.						P. O. Box 1356, Dumas, TX 79029					
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Irede t N96 mc											
If well produces oil or liquids,	! :	Sec. Twp. Rge.			Is gas actually connected?		When	When?			
give location of tanks.	A		7S	32E							
If this production is commingled with that	from any other	r lease or po	ool, give	commingi	ing order numb	er:					
IV. COMPLETION DATA		Oil Well	1 6	as Well	New Well	Workover		Dive Deels	Icama Basha	bire no to	
Designate Type of Completion	- (X)	I OII WEII	1 0	as well	i Hem Mell	i workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
<b>5 5</b>		•						,			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casir	g Shoe		
								ļ		·····	
	TUBING, CASING AND				CEMENTI	NG RECOR	D	, -·	·····		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
						·		ļ			
	ļ				·						
	<del> </del>			<del> </del>		<del></del>		<del> </del>	<del></del>	<u> </u>	
V. TEST DATA AND REQUES	T FOR A	LLOWA	RLF		i	·		<u> </u>			
OIL WELL (Test must be after t				il and must	he equal to or	exceed ton all	owable for thi	e denth or he	for full 24 hou	ze )	
Date First New Oil Run To Tank	Date of Tes		1000	u una masi					jor jan 27 noa	(3.)	
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure					ire		Choke Size	Choke Size		
_											
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
								<u> </u>			
GAS WELL									•		
Actual Prod. Test - MCF/D	Length of T	est		<del></del>	Bbis. Conden	sate/MMCF		Gravity of	Condensate		
						1			Choke Size		
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)					
VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIAN	ICE							
I hereby certify that the rules and regu					(	OIL CON	<b>USERV</b>	ATION	DIVISIO	NC	
Division have been complied with and that the information given above					Date Approved APR 2 1 '92						
is true and complete to the best of my	knowledge an	d belief.			Date	Approve	edAf	'K 21'S	JZ		
	5	•									
Carol J. Harcia					Rv	•					
Signature Carol J. Garcia	. Prod	uctio	n Ar	alvet	بـ وت	ORIGINAL (	HONED BY	<del></del>	<del>XYON</del> —	<del></del>	
Printed Name	., 1100		Title	<u></u> 91	11		8 <b>461</b> 11.577				
4/8/92	505-	622-1			Hille	<del></del>	<del></del>		<del></del>		
Date			hone N	lo.			•				

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.