

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Murphy Operating Corporation		Well API No. 30-041-20495
Address P. O. Box 2545, Roswell, New Mexico 88202-2545		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Change effective April 1, 1992
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cone Federal	Well No. 14	Pool Name, Including Formation Tomahawk San Andres	Kind of Lease <del>State</del> Federal <del>W/T</del>	Lease No. NM-15019
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>31</u> Township <u>7 South</u> Range <u>32 East</u> , NMPM, <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Petro Source Partners, Ltd.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1356, Dumas, TX 79029	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Arden Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>31</u>
	Twp. <u>7S</u>	Rge. <u>32E</u>
Is gas actually connected?		When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Carol J. Garcia  
Signature

Carol J. Garcia, Production Analyst

Printed Name

Title

4/8/92

505-622-1127

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 21 '92

By ORIGINAL SIGNED BY JUDY SEIGER  
DISTRICT I SUPERVISOR

Title

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  
APR 20 1992  
OCO HOBBS OFFICE

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION	8. FARM OR LEASE NAME Cone Federal
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88201	9. WELL NO. 14
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL, 1980' FWL, Unit K	10. FIELD AND POOL, OR WILDCAT Tomahawk San Andres
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE SW Section 31, T7S, R32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4475' GL	12. COUNTY OR PARISH Roosevelt
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

10-19-85 RU PU.

10-21-85 Unseat pump. TIH & TOH w/pump. Picked up tag jt. 2-3/8" tbg. TIH & Tagged btm. TOH w/SLM - 4238' KB Meas. RU loggers (Gearhart) TIH w/gauge ring to TD. TIH perf. guns & perf. as follows:  
1 J.S.P.F. @ 4215, 4214, 4197, 4196, 4195, 4175, 4172, 4171, 4156, 4155, 4154, 4148, 4147, 4142, 4140, 4139, 4138 & 4137. 18 holes total.  
Perf. as follows:  
@ 4094, 4093, 4092, 4091, 4087, 2 holes @ 4086, 4085, 4084, 4083, 2 holes @ 4082, 4073, 4072, 4070, 4069, 4068, 4063, 4062 & 4061. 20 holes total. 1 J.S.P.F. except @ 4086 & 4082.  
TOH & RD loggers, started picking up new tbg. off racks. Note: All tbg. in hole was badly pitted. TIH w/132 jts. 2-3/8" J-55 4.70#. TOH & SDFN.

10-22-85 TIH w/100 jts. 2-3/8" J-55 4.70# tbg. Ran RTTS Fkr. w/seat nipple on top. Tagged btm. w/133 jts., pumped 3 bbls. acid flushed w/18 bbls. 2% KCl water. Dropped standing valve & press. tested tbg. to 3000# psi., held okay. Layed dn. 4 jts. & set pkr. @ 4102'. Acidized as follows:

CONTINUED ON PAGE 2 ATTACHED

I hereby certify that the foregoing is true and correct

SIGNED Lois N. Brown TITLE Production Records DATE October 27, 1985

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
PETER W. CHESTER

NOV 1 1985

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side



MURPHY OPERATING CORPORATION

ROSWELL PETROLEUM BUILDING

ROSWELL, NEW MEXICO 88201

MAILING ADDRESS  
P. O. DRAWER 2648

TELEPHONE  
505 623-7210

PAGE 2 CONTINUED FROM SUNDRY NOTICE FORM 3160-5 dated October 27, 1985

Cone Federal #14  
1980' FSL, 1980' FWL, Unit Ltr. K  
Sec. 31, T-7S, R-32E  
Roosevelt County, New Mexico

Benzoic Flake Blocks  
750 gals. 15% NEFE  
250# Block mixed w/250 gals. 15% NEFE  
750 gals. 15% NEFE  
200# Blocks mixed w/200 gals. 15% NEFE

Shut dn., rel. pkr. & layed dn. 5 more jts., set RTTS Pkr. @ 3936'.  
Acidized as follows:

750 gals. 15% NEFE  
300# Blk. mixed w/300 gals. 15% NEFE  
750 gals. 15% NEFE  
250# Blk.  
750 gals. 15% NEFE  
250# Blk.  
4918 gals. 15% NEFE Acid.  
flushed w/18 bbls. 2% KCl water  
Dropped 125 ball sealers. Some ball action. Did not ball off.  
(collar leak w/last 8 bbls. acid)

Max. Press. 4170# psi, max. rate 7 BPM  
Avg. Press. 3318# psi, avg. rate 5.1 BPM  
ISIP 1630# psi, 45 min. well on vacuum

240 BLW to rec. Unseated RTTS Pkr. & TOH & layed dn. same. SDFN

10-23-85 SICP 135#. Hooked up 2" flow line to csg. Flowed well dn. for 1.5 hrs. Rec. 2 BO. RU tbg. testers (BO Monk) & tested tbg. in hole @ 7000# psi. Note: We layed dn. 5 bad jts. 3 were split dn. seam, 2 were egg shaped. Changed out 50 collars. Set tbg. @ 4206' (32' off btm.), Changed elev. TIH w/rods, changed out 2 bad rods. Loaded tbg. w/chemical trailer. Adjusted weights on PU. Opened backside to frac tank, left unit running on hand w/good pump action.

RECEIVED

NOV 4 - 1985

O.C.D.  
HOBBS BRANCH

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator

MURPHY OPERATING CORPORATION

Address

P. O. Drawer 2648, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of Ownership effective 12-1-84
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

One Barclay Plaza, Suite 800  
SUNDANCE OIL EXPLORATION COMPANY, 1675 Larimer Street, Denver, CO 80202

## DESCRIPTION OF WELL AND LEASE

Lease Name Cone Federal	Well No. 14	Pool Name, including Formation Tomahawk San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. 15019
Location				
Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>31</u> Township <u>7 South</u> Range <u>32 East</u> , NMPM, <u>Roosevelt</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 31	Twp. 7-S	Rge. 32-E	Is gas actually connected? When yes 8-31-79

If this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

## TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

MURPHY OPERATING CORPORATION

A. J. Murphy  
President

January 4, 1985

(Title)

(Date)

## OIL CONSERVATION DIVISION

JAN 14 1985

APPROVED \_\_\_\_\_, 19

ORIGINAL SIGNED BY JERRY SEXTON

BY \_\_\_\_\_ DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple.

RECEIVED

JAN 10 1985

NOTES OFFICE