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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.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

ſ .	T	OTRA	NSP	ORT OIL	AND NATUE	RAL GA	S				
Operator							Well A				
Murphy Operatin	30-			041-20496							
Address											
P. O. Box 2545,	Roswe	11,	New	Mexico							
Reason(6) for Filing (Check proper box)					U Other (Pl	ease expla	in) `				
New Well		Change in	_		Change e	ffecti	ve Anri	1 1 10	92		
Recompletion \Box	Oil Carinahand		Dry G		onange e	TICCLI	c whir	~ ·, ·)	- -		
Change in Operator	Casinghead	Gas X	Conde	nsate							
f change of operator give name and address of previous operator											
•		CF									
II. DESCRIPTION OF WELL A			Pool N	lame, Includis	ng Formation		Kind o	[Lease	1.	ase No.	
Cone Federal	Well No. Pool Name, Including							Federal NM-15019			
Location			1	TOMATIC	Oun mid				1 4144 1		
Unit LetterJ	. 198	0	Feet F	rom The So	outh Line and	1980	Fac	t From The _	East	Line	
Out peace	•							_		LIIC	
Section 31 Township	7 Sout	th	Range	32 Eas	st , NMPM	·	Roc	sevelt		County	
III. DESIGNATION OF TRANS		or Conde		D NATU		h	:-L - ·				
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Petro Source Pa	P. O. Box 1356, Dumas, TX					29					
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
If well produces oil or liquids,	Is gas actually connected? When ?										
give location of tanks.	Unit A	Sec. 31	Twp.	1 32E	and accountly con	i i	i Attien	•			
If this production is commingled with that f			<u> </u>		ing order number:	1				······································	
IV. COMPLETION DATA	,	- "-									
	<u> </u>	Oil Wel	1	Gas Well	New Well We	orkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion					<u> </u>		<u> </u>		<u></u>	1	
Date Spudded	Date Comp	i. Ready t	o Prod.		Total Depth			P.B.T.D.			
						Ton Oil/Gas Pay					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay		Tubing Depth				
Perforations								Depth Casin	g Shoe		
									J		
	Т	UBING	CAS	ING AND	CEMENTING	RECOR	D	1		····	
HOLE SIZE	 -	SING & T			+	PTH SET	·····	SACKS CEMENT			
	1										
V. TEST DATA AND REQUES					t	۰۰ برس			C 6.11 0.4 1		
OIL WELL (Test must be after re			of load	oil and must	be equal to or exce				jor juli 24 hou	vs.)	
Date First New Oil Run To Tank	Date of Tes	SI.			1 torneing Menior	i (iriow, pu	rry, gas tyt, e	,			
Length of Test	Tubing Pressure				Casing Pressure		Choke Size				
	Turing I resource										
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		Gas- MCF				
								<u> </u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE		~~	10==::		D.0.41011		
I hereby certify that the rules and regul						COV	12FHA	AHON	DIVISIO	אכ	
Division have been complied with and that the information given above					APR 21'92						
is true and complete to the best of my	knowledge a	nd belief.			Date A	pprove	d		· N I UL		
a a a h						FF. 0 • 0					
Carol J. Harcia					∥ Rv 😂	By Charles there are been consens					
Signature Carol J. Garcia, Production Analyst					Ell Dy ——	By CRESCIAL GRADULTY ANTENCENTON SUPERSTRUCTURE CORE					
Printed Name	,		Title		Title						
4/8/92	505-	-622-	112	7	II IIIe_						
Date			lephone								

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.