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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				-	., -		Well	API No.			
Murphy Operating Corporation								30-041-20498			
Address											
P. O. Box 2545,	Rosw	e11, 1	New	Mexico	8820	2-2545					
leason(s) for Filing (Check proper box)						r (Please expla	zin) `				
iew Well		Change in	Trans	porter of:					•		
lecompletion	Oil	X	Dry C	Gas 📙	Change	e effect:	ive Apr	il I, 199	2		
hange in Operator	Casinghe	ad Gas 🔀	Cond	ensate 🗌							
change of operator give name											
. DESCRIPTION OF WELL	AND LE	ASE						<u> </u>			
ease Name Wo			Pool	Name, Includi	ng Formation	*****		Kind of Lease		Lease No.	
Cone Federal				Tomaha	awk San	Andres	States	States Federal on Fee		NM-15019	
ocation											
Unit LetterL	<u>: 19</u>	80	Feet 1	From The So	outh Lin	and <u>660</u>	F	et From The	West	Line	
Section 30 Township 7 South Range 32 Eas					st , NMPM , Ro			osevelt	osevelt County		
II. DESIGNATION OF TRAN	SPORTI	ER OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	רבאו	or Conder	sate	<u> </u>	Address (Giv	e address to wi	hich approved	l copy of this for	n is to be see	น)	
Petro Source Partners, Ltd.					P. O. Box 1356, Dumas, TX 790					9	
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, ive location of tanks.	produces oil or liquids, Unit Sec. Twp. Rge.					y connected?	When	Then ?			
this production is commingled with that					ing order num	ber:	l				
V. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	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			
								Depth Casing Shoe			
Perforations								Depth Casing	Shoe		
		TIDDIC	CAS	TNIC ANIIN	CEMENT	NC DECOR	· D				
UOLE BIZE	.,	TUBING, CASING AND				DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEF IN SET			SAOKS CLINEITI				
	·										
	<u> </u>										
/. TEST DATA AND REQUES	ST FOR	ALLOW	ABL	E							
OIL WELL (Test must be after r			of loa	d oil and must	be equal to or	exceed top all	owable for th	is depth or be for	r full 24 how	rs.)	
Date First New Oil Run To Tank	Date of T	lest .			Producing M	ethod (Flow, p	ump, gas iyi,	eic.j			
Length of Test	of Test Tubing Pressure				Casing Press	ure	···-	Choke Size	Choke Size		
ctual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF				
	1				1						
GAS WELL								10	-10-		
Actual Prod. Test - MCF/D	rod. Test - MCF/D Length of Test					nsate/MMCF		Gravity of Co	Gravity of Condensate		
Tubing Method (pitot, back pr.) Tubing Pressure (Shul-in)				Casing Pressure (Shut-in)			Choke Size				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)											
VI. OPERATOR CERTIFIC	'ATF C	OF COM	PLIA	NCE.							
I hereby certify that the rules and regu						OIL COI	NSERV	ATION [JIVISIC	NC	
Division have been complied with and is true and complete to the best of my	that the in	formation gi			Det			4PR 21'9	52		
	L				Date	e Approve				····	
Carol & Darcia						5~45 21 868	N SIGN I	en e	COTON		
Signature	D			A = 1	∭ By ₋		angrais l	Sign don't have	<u> </u>		
Carol J. Garcia	i, Pro	ouct1	on Tide		11	4:					
Printed Name	E 0 E	. 622		•	Title)					
4/8/92 Date	305	5 <u>- 622 -</u> Te	lephon								
					1.1						

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.