

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator MURPHY OPERATING CORPORATION	
Address P. O. Drawer 2648, Roswell, New Mexico 88202-2648	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Casinghead Gas MUST NOT BE FLARED AFTER 4-14-88 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Todd Lower San Andres Unit Section 30	Well No. 7	Pool Name, including Formation Todd Lower San Andres Associated	Kind of Lease State, Federal or Fee State	Lease No. OG-1617
Location Unit Letter <u>G</u> : <u>1867</u> Feet From The <u>East</u> Line and <u>2040</u> Feet From The <u>North</u> Line of Section <u>30</u> Township <u>7-S</u> Range <u>36-E</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"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service <u>NGI, Inc. Oil & Gas</u>	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 J	Sec. 30	Twp. 7S	Rge. 36E	Is gas actually connected? No	When ASAP

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Melinda K. Hickman

Melinda K. Hickman (Signature)

Production Clerk

(Title)

3/9/88

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 11 1988, 19_____
BY Paul Kautz
TITLE Geologist

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 deviation 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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 1/29/88	Date Compl. Ready to Prod. 2/11/88	Total Depth 4375' KB			P.B.T.D. 4326' KB				
Elevations (DF, RKB, RT, GR, etc.) 4154' GL, 4166' KB	Name of Producing Formation San Andres P-2 zone	Top Oil/Gas Pay 4214'			Tubing Depth 4285'				
Perforations 1 JSPF, .37" @ 4223, 4235.5, 4240.5, 4244, 4248, 4250, 4251.5, 4256, 4258, 4261.5, 4263, 4272.5 - 12 holes						Depth Casing Shoe 4374			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8" casing		354		250 sx Class C 2% CaCl ₂ circ 75 sx				
7-7/8"	5-1/2" casing		4374		1000 sx Howcolite 1/4" #1000				
	2-3/8" tubing		4285		300 sx Class H 5" salt/sx				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 2/14/88	Date of Test 3/4/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure N/A	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 42	Water - Bbls. 17	Gas - MCF 35

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

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