| STATE OF NEW MEXICO | | | | |
|---|--|--|--|--|
| ENERGY AND MINERALS DEPARTMENT | Form C-104 | | | |
| | Revised 10-01-78 Format 06-01-83 | | | |
| OISTRIBUTION OIL CONSERVA | TION DIVISION Page 1 | | | |
| P. O. BO | X 2088 | | | |
| U.S.G.S. SANTA FE, NEW | MEXICO 87501 | | | |
| LAND OFFICE | | | | |
| TRANSPORTER OIL | | | | |
| CAB REQUEST FOR | | | | |
| AN ANTION OFFICE | | | | |
| AUTHORIZATION TO TRANSP | ORT OLE AND HATOKAL DOG | | | |
| Operator | | | | |
| MURPHY OPERATING CORPORATION | · · · · · · · · · · · · · · · · · · · | | | |
| Address | | | | |
| P. O. Drawer 2648, Roswell, NM 88202-2648 | | | | |
| Reason(s) for filing (Check proper box) | Other (Please explain) | | | |
| New Well Change in Transporter of: | · | | | |
| Recompletion Oil Dri | y Gas | | | |
| Change in Ownership Casinghead Gas Co | ndensate : | | | |
| | | | | |
| If change of ownership give name | • | | | |
| and address of previous owner | | | | |
| II. DESCRIPTION OF WELL AND LEASE | · | | | |
| Lease Name Well No. Pool Name, Including Fo | | | | |
| Todd Lower S/A Unit Sec.29 12 Todd Lower S/A | A Assoc. State, Federal or Fee Federal NM-03212 | | | |
| Location | | | | |
| 1080 From The South Line | e and710Feet From TheWest | | | |
| Unit Letter The : 1980 Feet From the Solicity Chine | | | | |
| Line of Section 29 Township 7 South Range 36 | East , NMPM, Roosevelt County | | | |
| | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL | GAS | | | |
| Name of Authorized Transporter of Oli | Address (Give address to which approved copy of this form is to be sent) | | | |
| Pride Pipeline Company | P. O. Box 2436, Abilene, TX 79604 | | | |
| Name of Authorized Transporter of Casinghead Gas 🖄 or Dry Gas | Address (Give address to which approved copy of this form is to be sent) | | | |
| Oxy NGL, Inc. | P. O. Box 300, Tulsa, OK 74102 | | | |
| If well produces oil or liquids, Unit Sec. Twp. Rge. | is gas actually connected? When | | | |
| give location of tanks. M 29 7S 36E | Yes 5/6/88 | | | |
| 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. | | | | |
| an anna ann ann ann ann ann ann ann ann | OIL CONSERVATION DIVISION | | | |
| VI. CERTIFICATE OF COMPLIANCE | MAV 1.0 1000 | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | APPROVED MAI 1 8 1988 | | | |
| been complied with and that the information given is true and complete to the best or | | | | |
| my knowledge and belief. | BY ORIGINAL SIGNED BY ISECT SETTON | | | |
| | TITLE DISPRICE I SUPER VISOR | | | |
| m al - | | | | |
| (holi de l'ackman) | This form is to be filed in compliance with RULE 1104. | | | |
| Tullad a unionia | If this is a request for allowable for a nowly drilled or deepene well, this form must be accompanied by a tabulation of the deviatic | | | |
| Melinda K. Hickman (Signalwe) | tests taken on the well in accordance with RULE 111. | | | |
| Production Supervisor | All sections of this form must be filled out completely for allow | | | |
| (Tule) | able on new and recompleted wells. | | | |
| 5/16/88 | Fill out only Sections I. II. III. and VI for changes of owne well name or number, or transporter, or other such change of conditio: | | | |
| (Date) | Separate Forms C-104 must be filed for each pool in multipl | | | |
| | completed wells. | | | |

. D

IV. COMPLETION DATA

| Designate Type of Completion - (X) | | OII Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Restv. | Diff. Res' | |
|---|-----------------------------|----------|-----------|-------------|-----------------|---------|------------|--------------|------------|--|
| | | t x | 1 | x | | ! | i i | 1 | 1 | |
| Date Spudded | Date Compl. Ready to Prod. | | | Total Depth | | | P.B.T.D. | | | |
| 3/25/88 | 4/8/88 | | | 4400' MD | | | 43591 | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | Top Oil/Ga | Top Oll/Gas Pay | | | Tubing Depth | | |
| 4143' GR, 4155' KB | San Andres P-2 zone | | | 4214' | | | 4250' | | | |
| Perforations 1 JSPF (.37") | a 4253.5 | 4254.5 | 5. 4256. | 4257. 42 | 58, 4259 | | Depth Casi | ng Shoe | | |
| 4260.5, 4262, | 4263, 42 | 64.5, 42 | 266, 4267 | , 4268, | 4273 - 1 | 4 holes | 439 | 9 ' | | |
| | | | | DCEMENTI | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | |
| 12-1/4" | 8-5/8 | " casing | · · · · | | · 391 | | 250 sx | Class C, | 38 sx | |
| | | | | | | | circ. | | | |
| | 5-1/2 | " casing | Ţ | | 4399 | | 1250 SX | Class C. | 250 s: | |
| | 2-7/8 | " tubing | , | } | 4250 | | | H, 410 s | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of sotal volume of load oil and must be equal to or exceed top allo. OIL WELL able for this depth or be for full 24 hours)

| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pur | Producing Method (Flow, pump, gas lift, etc.) | | |
|---------------------------------|-----------------|-----------------------------|---|--|--|
| 4/21/88 | 4/23/88 | Pumping | | | |
| Longth of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| 24 hours | 60 psig | 100 psig | 2" | | |
| Actual Prod. During Test | Oil-Bbis. | Water-Bbis. | Gas-MCF | | |
| | 34 | 800 | 50 | | |

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 (Ebut-in) | Choke Size |