## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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					Revised 10-0 Format 06-01	
DISTRIBUTION	OIL CONSERVATION DIVISION					-83
SANTA FE		Page 1				
FILE		P. O. BOX 2088				
V.S.G.S.		SANTA FE, NEW M	1EXICO 87501			
L'AND OFFICE						
TRANSPORTER OIL GAS	-	REQUEST FOR A				
OPERATOR .	7	AND		• -		
PROBATION OFFICE		ZATION TO TRANSPOR	T OIL AND MATH			
I.	AUTHORIZ	CATION TO TRANSFOR	AT DIE AND NATU			
Operator		·				· · · ·
MURPHY OPERATING	CORPORATION		•			
Address						
P. O. Drawer 264	8, Roswell, NM	88202-2648				
Reason(s) for filing (Check	proper box)		Other (Please	explain)		
X New Well	Change in 7	Transporter of:	1			
		Dry Go	<b>7</b>			
Recompletion	<u>بر م</u>	H	Ann	roval to flare casir well must be obta	•	
Change in Ownership	Casing	head Gas Conde	insate this	oval to flare casir	ichead	
If change of ownership giv and address of previous or			8URE	Well to flare casir Well must be obta AU OF LAND MANAGE	Ined from t EMENT (BLM)	he
	ELL AND LEASE			AND MANAGE	Ined from t	he
and address of previous or	ELL AND LEASE	Pool Name, Including Forma		AU OF LAND MANAGE	MENT (BLM)	Lease No.
and address of previous ov II. DESCRIPTION OF W	ELL AND LEASE	Pool Name, Including Forma Todd Lower S/A A	Jlion	AND MANAGE	MENT (BLM)	
and address of previous ov II. DESCRIPTION OF W Lease Name	ELL AND LEASE		Jlion	Kind of Lease	MENT (BLM)	Lease No.
and address of previous of II. DESCRIPTION OF W Lease Name Todd Lower S/A Ur Location	ELL AND LEASE	Todd Lower S/A A	ation SSOC .	Kind of Lease State, Federal or Fee	Federal	Lease No.
and address of previous of H. DESCRIPTION OF W Lease Name Todd Lower S/A Ur Location	ELL AND LEASE Well No. F it Sec.30 11	Todd Lower S/A A	ation SSOC. nd 1980	Kind of Lease State, Federal or Fee	Federal	Lease No.
And address of previous of II. DESCRIPTION OF W Lease Name Todd Lower S/A Ur Location Unit Letter K	ELL AND LEASE Well No. F it Sec.30 11	Todd Lower S/A A	ation SSOC. nd 1980	Kind of Lease State, Federal or Fee Feet From The We	Federal	Lease No. NM-01399
And address of previous of II. DESCRIPTION OF W Lease Name Todd Lower S/A Ur Location Unit Letter K Line of Section 30 III. DESIGNATION OF	ELL AND LEASE Well No. F it Sec.30 11 : <u>1780</u> Feet From Township 7 Sou TRANSPORTER OF O	Todd Lower S/A A The <u>South</u> Line an th Range 36 E IL AND NATURAL G/	ation SSOC. nd <u>1980</u> Cast NMPM	Kind of Lease State, Federal or Fee Feet From The <u>We</u> : Roosevelt	Federal	Lease No. NM-01399 County
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and address of previous ov II. DESCRIPTION OF W Lease Name Todd Lower S/A Ur Location Unit Letter K Line of Section 30 III. DESIGNATION OF Name of Authorized Transpo	ELL AND LEASE Well No. F it Sec.30 11 : <u>1780</u> Feet From Township 7 Sou TRANSPORTER OF O rier of OII S or Con Company	Todd Lower S/A A The South Line and th Range 36 E IL AND NATURAL G/ Idensate A	ation LSSOC. nd <u>1980</u> Last NMPM AS Lacess (Give address of	Kind of Lease State, Federal or Fee Feet From The <u>We</u> : Roosevelt	Federal st	County o be sent)
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and address of previous or II. DESCRIPTION OF W Lease Name Todd Lower S/A Ur Location Unit Letter K Line of Section 30 III. DESIGNATION OF Name of Authorized Transpo Pride Pipeline ( Name of Authorized Transpo Oxy NGL, Inc.	ELL AND LEASE Well No. F it Sec.30 11 : <u>1780</u> Feet From Township 7 Sou TRANSPORTER OF O rier of Oll S or Con Company rier of Casinghead Gas (X)	Todd Lower S/A A The South Line an th Range 36 E IL AND NATURAL G/ Idensate P or Dry Gas Ad P	AS AS AS AS AS AS AS AS AS AS	Kind of Lease State, Federal or Fee Feet From The <u>Wes</u> Roosevelt o which approved copy of Abilene, TX o which approved copy of Tulsa, OK 74	Federal st 79604 of this form is t	County o be sent)
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APPP

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.

Hickman/Signature, Melinda Production Supervisor

6/23/88

(Date)

(Title)

OIL	CONSEF	NOITAVI		SION		
				-		
OVED	1. K. S		-		. 19	

Form C-104

BY	OMONTE COM TELES	THE REAL ON	
TITLE _			

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

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

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

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:

Separate Forms C-104 must be filed for each pool in multipl completed wells.

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## IV. COMPLETION DATA

		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Designate Type of Completic	on = (X)	x ·	1	Χ.	1	r I		1	•
Date Spudded Date Compl. Rec		Ready to Pro	xd.	Total Depth	· · · · · · · · · · · · · · · · · · ·	· . ·	P.B.T.D.		•
4/4/88	88 4/27/88		4400' MD			43	4355'		
Elevations (DF, RKB, RT, GR, etc.)			tion	Top Oil/Gas Pay		Tubing Dep	Tubing Depth		
4146' GR, 4158' KB San Andres P-2 zone		4230'		4236'					
Perforations 1 JSPF (.37")	0 4244.5	, 4246, 4	4248.5,	4251, 42	54, 4256	,	Depth Casi	ng Shoe	
4258.5, 4260, 4261.5,							439	95'	
4286.5 - 17 holes		TUBING, C	ASING, ANI	CEMENTI	IG RECOR	D			
HOLE SIZE	CASI	G & TUBIN	GSIZE		DEPTH SE	тт	S	CKS CEMEN	17
12-1/4"	8-5/8"	casing			408		250 sxs	<u>. Class C</u>	, 35
							SXS C1		
7-7/8"	5-1/2"	casing			4395		1250 sx	s. <u>Class</u> Lass H, 4	<u>C. 250</u>
				1			čirc.	Lass H, 4	SXE

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 al. OIL WELL able for this depth or be for full 24 houre)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	Producing Method (Flow, pump, gas lift, etc.)			
5-9-88	6/22/88	Pumping 2-1/4" tu	Pumping 2-1/4" tubing pump			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
24	N/A	0	2''			
Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	Gas - MCF			
	5	100	5			

## GAS WELL

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