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DISTRICT J
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DISTRICT II P.O. Drawer DD, Anesia, NM 88210

## State of New Mexico Energy, — nerals 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 Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

l•		10 1111	11101	0,,,	71110 1171	. 0	·			
Operator							Well	API No.		
Murphy Operating Cor	<u>poratio</u>	n								
Address		A1	1 •	- 00000			•		:	
P. O. Drawer 2648, Ro	oswell,	New M	<u>lex1c</u>	0 88202						
Reason(s) for Filing (Check proper box)		<u> </u>	<b></b>	6	[] Oth	er (Please expla	ın)			
New Well	•	Change in			Chan	as of Tw	anchant	ón Effocti	ve April 1,	
Recompletion $\bigcup$	Oil		Dry G		Chan	ige of ir	ansport	or Effecti	ve April 15.	
Change in Operator	Casinghea	id Gas	Coade		<del></del>					
f change of operator give name and address of previous operator		<del></del>		·					- · · · · · · · · · · · · · · · · · · ·	
L DESCRIPTION OF WELL	AND LE	ASE								
Lease Name		Well No.	Pool h	Vame, Includi	ng Formation			Kind of Lease No.		
State I		2		Chaver	oo San A	Andres	States	(REXIX XXXXX	K-2573	
Location										
Unit LetterE	<u> : 198</u>	30	_ Feet F	rom The _N	orth_Lin	e and660	)· F	et From The	West Line	
Section 4 Townshi	p 8 S	South	Range	: 33 Ea	st , N	мрм, Ch	aves		County	
II. DESIGNATION OF TRAN	ISPORTE			UTAN DE	RAL GAS		• • •	<del> </del>	<del></del>	
Name of Authorized Transporter of Oil X or Conden				$\Box$ .	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183					
The Permian Corporat		- F	2- D	, Car (		<u>-</u>		<del> </del>	<del> </del>	
Name of Authorized Transporter of Gasin	ghead Gas	$\boxtimes$	or Dŋ	y 643 []	Address (Civ	e adaress to wh	uch approved	d copy of this form	is to be sent)	
If well produces oil or liquids,	Twp.	Twp.   Rge. Is gas actually connected?   When?					***			
rive location of tanks.							l			
I this production is commingled with that	from any od	her lease or	pool, g	ive commingl	ing order num	ber:				
IV. COMPLETION DATA							·,·	- <u>-</u> -	· .	
	~~	Oil Wel	11	Gas Well	New Well	Workover	Deepen	Plug Back   Sar	ne Res'v Dist Res'v	
Designate Type of Completion		_L			I Total David		<u> </u>	.l		
Date Spudded	Date Com	ipl. Ready i	io Prod.		Total Depth			P.B.T.D.		
	<del></del>			Top Oil/Gas Pay			<u> </u>	1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				00				Tubing Depth		
Perforations	_l				1			Depth Casing S	hoe	
2 01101 m00113										
	<del></del>	TURING	CAS	ING AND	CEMENTI	NG RECOR	.D			
HOLE SIZE		ASING & T			1	DEPTH SET	-	SAC	CKS CEMENT	
HOLE SIZE	<del>                                     </del>	101110 0 1	001110	-	-					
	-									
	<del>                                     </del>						<del></del>			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	E						
OIL WELL (Test must be after	recovery of 1	total volum	e of load	d oil and mus	be equal so o	r exceed top all	owable for 11	his depth or be for	full 24 hows.)	
Date First New Oil Run To Tank	Date of T		<u> </u>			lethod (Flow, p				
Length of Test	Tubing Pressure			Casing Pressure				Choke Size		
· • • • • • • • • • • • • • • • • • • •				•						
Actual Prod. During Test	Oil - Bbl:	Oil - Bbls.				Water - Bbls.			Gas- MCF	
								·		
CASWELL									•	
GAS WELL  Actual Prod. Test - MCF/D					Bbls, Conde	nsate/MMCF		Gravity of Condensate		
Actual Floir Test - Inicife	Langui or 1 and									
Testing Method (pital, back pr.)	Tubing P	ressure (Sh	iut-in)		Casing Pres	sire (Shut-in)		· Choke Size		
I coming triculous (bases, south by s)		•	•							
THE OPENATION CHROMES		E COM	רסז זע	NCE	1	<del> </del>		. 1		
VI. OPERATOR CERTIFIC					11,	OIL COI	NSER\	Z NOJTAV	IVISION	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above								APR 1	APR 1 1 1990	
is true and complete to the best of m					n	a An===	ad		- 1000	
		1			Dat	e Approve	ea		· · · · · · · · · · · · · · · · · · ·	
Tra, Fr	7010	) k			By.		•			
Signature	Simplify					— ∩PI	GINAL SH	DNED BY JERF	Y SEXTON	
Lori Brown	i Brown Production Supervisor					ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				
Printed Name	`		Tide	ε	Title	e				
March 26, 1990	(505)	623-72								
Date		Т	elephon	e No.						

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) Senarate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

APR 4 1990

OCD Hobble office