STATE OF NEW MEXICO			•			
ENERGY AND MINERALS DEPARTMENT				Form C-104		
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	DN	Page 1	-0-0			
SANTA FE	P. O. BO	X 2088		-	•	
	NTA FE, NEV	MEXICO 87501				
LAND OFFICE						
TRANSPORTER OIL		•				
GAS	REQUEST FOR	R ALLOWABLE		•		
OPERATOR	. Al	D	•			
AUTHORIZAT	ION TO TRANSF	PORT OIL AND NATU	IRAL GAS			
[· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	••••	
Operator	•	• •				
MURPHY OPERATING CORPORATION	e e caránes como bitección com Como 1935 (1976 - Col Sol Sol	سمول والتشاعين معتدل جمهو الإسكانيين. ممركل القوم ما 11 مواد 1915 هيار - الع	and a second		- د مداین ماری - فرو دیک ایر د ر	
Address			······································		·	
P. O. Drawer 2648, Roswell, New Me	xico 88202	-2648	an a		مرجع در موجد	
Reason(s) for filing (Check proper box)	<u></u>	Other (Pleas	e explaint			
New Well Change in Tran	-porter of				i i	
A second seco	A 2 4 2 7 8 2 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OF WELL NAME &			
Recompletion OII		Change e	ffective Novem	iber 1, 198	38	
Change in Ownership Casinghead	Gas Co	ndensate Previous	sly State "BF"	#2	na ana ao amin' amin' ao amin' a Amin' amin' amin	
		• • • • • • • • • • • • • • • • • • •	ne fa fingue neve provided automotic angli fa un di		المعدر والالمرواد ا	
If change of ownership give name	حاديد أيتقاصين المحدوم فتعادد معا	مدريا مستويين مستوجعها وتويت متدريا	ېيى دولىرىر يولىدوسېتى ھوسىيە سەسەل كۈچە دە. م	بالمراهم الجاوات والمتحم ستعمد	بولمواجد فوليو	
and address of previous owner		· · · · · · · · · · · · · · · · · · ·	·· ···· · · · · · · · · ·	······································		
II. DESCRIPTION OF WELL AND LEASE	بنبهم ونعر بالمعاد ممر	den en anter en	·····	• • •	• • •	
Lease Name Sec 3 Well No. Pool	Name, Including Fo	ormation	Kind of Lease		Leose	
Haley Chaveroo SA Unit 2 Ch	averoo San	Andres .	State, Federal or Fee	State	NM-108	
			<u> </u>		J	
				.		
Unit Letter B; 660 Fest From The	<u>North</u> Lin	• and <u>1980</u>	Feet From The	ast		
· · · ·						
Line of Section 3 Township 85	Range 3	<u>ЗЕ, ммрі</u>	4. Chaves		Cour	
¢						
III. DESIGNATION OF TRANSPORTER OF OIL A	ND NATURAL	. GAS			•	
Name of Authorized Transporter of Cil A or Condens		Address (Give address	to which approved copy	of this form is t	o be sent)	
Mobil Pipeline Company		P.O. Box 900,	Dallas, Tx 752	221		
	r Dry Gas []		to which approved copy		o be sent)	
Oxy NGL, Inc.			Tulsa, OK 74		•	
UXY NGL, INC.						
If well produces oil or liquids, Unit Sec.	Twp. Rge.	Is gas actually connect	•	167	•	
give location of tanks. B B 3	8S 33E	Yes	, 1/11,	/6/		
If this production is commingled with that from any oth	et lesse or papi	give commingling orde	r number:			
If this production is commingied with that from any oth	er rease of poor,	give comminging orde		• <u>•</u> •••		
NOTE: Complete Parts IV and V on reverse side ij	^f necessary.					
			•			
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION				
			NUT I	7 1988		
I hereby certify that the rules and regulations of the Oil Conserva	tion Division have	APPROVED		,	19	
been complied with and that the information given is true and com	plete to the best of		RIGINAL SIGNED BY			
my knowledge and belief.		BY		and the second rest of t		
			DISTRICT I SUP	'ERVISOR		
	<u>.</u>	TITLE				
A production		This form is .	o be filed in complia	กธรษ/เหล่าเก	r 1104	
The Lander DU. Duckman		1				
Molinda K Hickman Gieronie			uest for allowable fo it be accompanied by			
HETTHUR N. HECKINGTE POSTMERAL			well in accordance of			

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If this is a request for allowable for a newly drilled or deepent 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 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 Forma C-104 must be filed for each pool in multip completed wells.

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(Date)

(Tila)

Production Supervisor

November 11, 1988

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Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

IV. COMPLETION DATA

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Designate Tune of Completio	n (Y)	OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res'y	
Designate Type of Completion - (X)				1				the second s		
Date Spudded	Date Comp	l. Ready to I	Prod.	Total Dept	h.		P.B.T.D.		. ••	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation	Top Oil/Go	is Pay			oth j		
Perforations		्रम् स्टब्स्ट्रिस्टिस्ट्रन्	ر بین ۲۰ میرود کرد. مربق بین میکنید را میکن ۲۰ آزر آزری که رو مرز ۲۰ میک	ه کی ترج میں درجان میں میں اور اور اور اور اور میں میں اور		• 1 : 2810	the Contraction of the	ng Shoe		
and which the second	2.1.7 1	TUBING,	CASING, AN	D CEMENTI	NG RECOR	D Marine Port	• .		rad i serie	
HOLE SIZE ROXONE	139CASI	NG & TUB	ING SIZE	x	DEPTH SE	T and the second second	S	ACKS CEME	NT 1 1	
ار می بیشی در این می در در می با می بیش از این می می می می می می این می این می می می این می می می می می می می از می و میشی این این می می می این و معید می می این می			اليون بالمانية المرود. ودين بالمانية الموردي	8		Sec. 1	. 1 5			
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				· · · ·	•					

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 allow 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, pump, gas lift, etc.)			
Longth of Test	Tubing Pressure	Casing Procesure	Choke Size		
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas - MCF		

GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pirot, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in)

RECEIVED

NOV 1 5 1988

OCD HOBBS OFFICE





Job separation sheet

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STATE C				IT ·				•					
ENERGY AND M			-	41								Form C-10	
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							ATION	DIVISIC	N		Page 1		
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U.S.G.S.		 	-		\$	SANTA	FE, NEV	N MEXI	CO 87501				
LAND OFFICE			·		-								
}	OIL		1										
TRANSPORTER	GAL		REQUEST FOR ALLOWABLE										
OPERATOR]				A	ND		•			
PRORATION OF	FICK		1	٨	UTHORE		O TRANS	PORT OIL	AND NATU	IRAL GAS	-		
Ι.				~	01110101								
Operator								······	•				
MUDDIIV	ODED.	λ TT T N10			TON			•					
MURPHY	UPER	ALING	J CORI	UKAI									`
P. O. D					<u>1, New</u>	Mexico	88202	<u>2-2648</u>					
Reason(s) for fi	ling (C	heck pi	oper box)					Other (Pleas	e explain)			
New Well				c	hange in '	Fransporter	of:						
Recompleti	on			Γ	_ oii		a 🗌	ry Gas	Change e	effective	e July	1, 1988	
X Change in	Owners	hio		Ē	Casing	head Gas	Пc	ondensate	•		-		
If change of ow and address of II. DESCRIPT Lease Name	previo	ousow	ner	D LEA	SE	& Gas C			<u>Box 2208</u>	Kind of Lee		88201	Loane N
								_		State, Fede	ral or Fee	Ctoto	NM-1081
<u>STATE</u>	5F			<u> </u>		<u>Chavero</u>	o san i	Andres				State	<u></u>
Location												_	
Unit Letter_	<u> </u>		:6	<u>60 </u>	Feet From	The <u>No</u> 1	<u>th</u> Lu	ne and	.980	Feet From	n The	East	
Line of Soct	ion	3	To	wnship	8S		Range	_33E	, NMPN	л, С	haves	. <u></u>	Coun
III. DESIGN	NOT	N OF T	TRANS	• PORTE	R OF O	IL AND N	IATURA	L GAS					•
Name of Author	Ized T	ranspor	ter of Cil	- Xi		idensate [Address	(Give address	to which app	roved copy	of this form i	s to be sent)
Mobil D	iino1	inc	Compos	- 11					Box 900	Dallas	. тх 7	75221	
Mobil P Name of Author	ITed T	ranspor	ter of Ca	sinched	d Gas X	or Dry G	as []	Address	(Give address	to which app	roved copy	of this form i	s to be sent)
	_			·	- <u></u>		—	D O	Boy 200	Tules	UK 7/	4102	
Oxy NGL	., In	с.					1 Date		Box 300		UK 74 When	+102	
If well produce give location o	= oil or f tanks	liquid: •	•.	Unit B	Sec. 3	Twp.	Rge.		les	1	1/11	/67	·
If this producti	on is	commin	ngled wi	th that	from any	other less	e or pool.	give com	ningling orde	er 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 (Signature)

Production Supervisor (Tile)

July 1, 1988

(Date)

	OIL CONSERVATION DIVISION	
APPROVE	ID,	19
BY	ORIGINAL SIGNED BY JERRY SEXTON	

DISTRICT 1 SUPERVISOR

TITLE __

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

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

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

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