

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| U.S.O.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRODUCTION OFFICE      |     |  |

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)**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> New Well            | <input type="checkbox"/> Change in Transporter of: | <input type="checkbox"/> Other (Please explain) |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil                       | CHANGE OF WELL NAME & NUMBER                    |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas            | Change effective November 1, 1988               |
|  |  | Previously State "BF" #3                        |

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

|                                      |                |   |  |                       |
|--------------------------------------|----------------|---|--|-----------------------|
| Lease Name<br>Haley Chaveroo SA Unit | Well No.<br>3  | Pool Name, Including Formation<br>Chaveroo San Andres | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>NM-1083  |
| Location                             |                |   |  |                       |
| Unit Letter<br>C                     | 410            | Feet From The<br>North                                | Line and<br>3300                             | Feet From The<br>East |
| Line of Section<br>3                 | Township<br>8S | Range<br>33E  | NMPM,<br>Chaves                              | 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"/><br>Mobil Pipeline Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 900, Dallas, TX 75221 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Oxy NGL, Inc.  | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 300, Tulsa, OK 74102  |
| If well produces oil or liquids, give location of tanks.   | Unit<br>B  |
|  | Sec.<br>3  |
|  | Twp.<br>8S   |
|  | Rge.<br>33E  |
| Is gas actually connected?   | When<br>1/11/67  |

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 Supervisor

(Title)

November 11, 1988

(Date)

OIL CONSERVATION DIVISION

NOV 17 1988

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

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 deviated 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 multiphase completed wells.

#### IV. COMPLETION DATA

|                                      |                             |          |                 |          |          |              |                   |             |             |
|--------------------------------------|-----------------------------|----------|-----------------|----------|----------|--------------|-------------------|-------------|-------------|
| Designate Type of Completion - (X)   |                             | Oil Well | Gas Well        | New Well | Workover | Deepen       | Plug Back         | Same Res'y. | Diff. Res'y |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          |          | P.B.T.D.     |                   |             |             |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |          | Top Oil/Gas Pay |          |          | Tubing Depth |                   |             |             |
| Perforations                         |                             |          |                 |          |          |              | Depth Casing Shoe |             |             |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |          |              |                   |             |             |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          |          | SACKS CEMENT |                   |             |             |
|                                      |                             |          |                 |          |          |              |                   |             |             |
|                                      |                             |          |                 |          |          |              |                   |             |             |
|                                      |                             |          |                 |          |          |              |                   |             |             |
|                                      |                             |          |                 |          |          |              |                   |             |             |

#### 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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bble.       | Water-Bble.                                   | Gas-MCF    |

#### GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bble. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

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