STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C 104 Revised 10-01-78 Format 06-01-83 OIL CONSERVATION DIVISION DISTRIBUTION Page 1 SANTA FE P. O. BOX 2088 FILE SANTA FE, NEW MEXICO 87501 U.1.0.4. LAND OFFICE OIL TRANSPORTER REQUEST FOR ALLOWABLE GAS OPERATOR AND PROGATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator MURPHY OPERATING CORPORATION Address P. O. Drawer 2648, Roswell, New Mexico 88202-2648 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Change effective April 1, 1988 Dry Gas 011 Recompletion Condensate Casinghead Gas Change in Ownership x Merlin Exploration, Inc., P. O. Box 3164, Tulsa, Oklahoma If change of ownership give name 74119 and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Kind of Lease Loose No Well No. | Pool Name, Including Formation Lease Name State, Federal or Fee State K-527 Chaveroo San Andres STATE TRACT "C" 7. Location Feet From The ____West 660 Feet From The North Line and 660 D Unit Latter County Chaves . NMPM. Range 33 East Township 8 South Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of OII or Condensate P. O. Box 900, Dallas, TX 75221 Address (Give address to which approved copy of this form is to be sent) Mobil Pipeline Company Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas F 122 Box 300, Tulsa, OK Ρ. <u> 74102 </u> ο. Cities Service Oil & Gas Inc Is gas actually connected? Sec. Twp. Rge. Unit If well produces oil or liquids, **33**E give location of tanks. <u>8</u>S If this production is commingled with that from any other lesse 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.

(Signature)

Hickman К. Melinda Production Supervisor

April 28, 1988

(Date)

(Tille)

0	_ CONSERVATION DIVISION	
APPROVED	MAY 6 - 1988	

ORIGINAL SIGNED BY JERRY SEXTON BY 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 deeper. 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 allo able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditi-

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

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

IV. COMPLETION DATA

Designate Type of Completi	on - (X)	OII Well	Gas Well 1	New Well	Workover	i Deepen I I	Plug Back	Same Res'v.	Diff. Rea
Date Spudded	Date Compl. Ready to Prod.			Total Depth Top Oll/Gas Pay			P.B.T.D. Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)									
Perforations						Depth Casing Shoe			
		TUBING,	CASING, AN	CEMENTI	NG RECOR	D			
HOLESIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
·	ļ	•	• •	<u> </u>					
: 									
				<u> </u>					
				1					

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 all 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, pu	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choko Size		
Actual Prod. During Test	911 - Bbls.	Water - Bbls.	Gas - MCF		
			Gdermor		

GAS WELL

94. 1

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