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.ppropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICTI

State of New Mexico Energy rals 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 Brazos Rd., Aziec, NM 87410

P.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator		Well API No.								
Murphy Operating Cor	poration					i				
ddress	:		- 00000				· · · · · · · · · · · · · · · · · ·	:		
P. O. Drawer 2648, R	oswell, New I	Mexico	0 88202-	2648	τ (Please expla	<u>-</u> 1				
eason(s) for Filing (Check proper box)	Change	in Transpo	orter of:	[] Out	i (i iewe espai					
lew Well		Dry G		Chan	ae of Tra	ansporto	r Effect	ive Apı	ril 1, 1	
decompletion	Casinghead Gas	¬ `	_	011411				·		
hange in Operator L change of operator give name	Caughest Cas									
d address of previous operator			<u>`</u>						•	
L DESCRIPTION OF WELL	AND LEASE Well No	Pool N	lame, Includin	g Formation	 	Kind o	(Lease	Le	25e No.	
ease Name		l l	veroo S		, c	State, I	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NM-	1083	
laley Chaveroo SA Unit	500-1		IVELUU	an-anur	 .					
ocation	. 1980	Feet F	rom The N	orth_Li∞	and _ 1980) Fee	et From The	East	Line	
Unit Letter U			_		•				_	
Section 3 Townsh	ip 8 S	Range	33 E	, Nì	мрм,	Chaves			County	
n. designation of trai	SPORTER OF	OIL AN	D NATUE	RAL GAS						
Name of Authorized Transporter of Oil	or Cond	lensate		Acoress (GIV	e address to wh	uch approved	copy of this form	1 is to be se 77951_	_{ਘ)} 1183	
The Permian Corporat							n, Texas			
Name of Authorized Transfer of Casi	nghead Gas	or Dry	y Gas 🗀	Address (Giv	e address 10 wh	iich approved	copy of this form	n is to be se	તા)	
UX 9 AUG 1	Unit Sec.	Twp.	Rge	Is gas actuall	gas actually connected?		When ?			
I well produces oil or liquids, ive location of tanks.	i i	_i	_i		- See and Company Tribut					
this production is commingled with the	from any other lease	or pool, g	ive commingli	ing order num	ber:					
V. COMPLETION DATA	lonn	· · · ·	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Dist Res'v	
Designate Type of Completion	Oii W n - (X)	i	025 11011			Barpan				
Date Spudded	Date Compl. Ready	y to Prod.		Total Depth		· 	P.B.T.D.			
			Ton Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				100 0.00	•			Tability Deput		
Perforations				k			Depth Casing	Sh∞		
				<u> </u>	NO DECOL		<u> </u>			
				CEMENT	NG RECOR		T S/	ACKS CEM	IENT	
HOLE SIZE	CASING &	IUBING	3 5125		DEC IN SCI		 	10110 0211		
										
			<u> </u>	<u></u>			<u> </u>			
V. TEST DATA AND REQUI	EST FOR ALLO r recovery of total volu	WABL.	E. ed oil and mus	t be equal to a	or exceed top al	lowable for th	is depth or be fo	or full 24 ha	ws.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	une of too	01 010 11=0	Producing N	Method (Flow, p	ownp, gas lift,	esc.)			
Tale Fitz New Oil Roa 10 12mx	Dag 6. 754									
Length of Test	Tubing Pressure			Casing Pres	sure		Choke Size			
				Water - Bbls			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	1 - Bbis.			Walci - Boia					
					•			•		
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
WORM LINE LINE LINE LINE										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
										
VI. OPERATOR CERTIF	ICATE OF CO	MPLL	ANCE		OIL CC	NSER'	NOITAV	DIVIS	ION 🐣	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				₩ .	0					
Division have been complied with it true and complete to the best of	and that the informations were the series and beli-	ief.		n_	ta Anarai	hai	APR 1	T 19;	JU	
12 the and complete to the dead of				∥ na	te Approv					
TAN' 1	nocen/			_p		". RIGINAL S	CAIER			
Signature Production Supervisor					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Lori Brown	Production	Supe				ម ដែ <u>ម</u>		A12OB		
Printed Name March 26, 1990	(505) 623-		-	II III	le		··.			
11a LUL 20, 1330	1000/ 020	Telepho	ne No	11			• *			

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