Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy inerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

[.	7	O TRA	ANSP	ORT OI	L AND NA	TURAL G.					
Operator  Murphy Operating Cor	noration	า					Well	API No.			
Address	:								· :		
P. O. Drawer 2648, R Reason(s) for Filing (Check proper box)	oswell,	New M	lexico	88202		er (Please expl	'ain'				
New Well		Change ii	n Transpo	ater of:		or or news exp					
Recompletion	Oil	(X	Dry Ga	ıs 🔲	Char	ige of Ti	ransport	or Effec	ctive Ap	ril 1, 1	
Change in Operator	Casinghead	Gas _	Conden	्राञ्चार							
f change of operator give name  nd address of previous operator		· · · · · · · · · · · · · · · · · · ·		•			77	<del></del>			
L DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Haley Sec Well No. Pool Name, Including						ng Formation			Kind of Lease Lease No.		
Haey Chaveroo SA Uni	t 3	6	<u> </u>	havero	o San And	dres	State)	<b>₹</b> ₩₩₩₩₩	× NM	-1083	
Location  Unit Letter F	_ :1	980	_ Feet Fr	om The	North Lim	and19	80 F	≠t From The _	West	· Line	
Section 3 Townshi	<sub>10</sub> 8S		Range	33E	, N	мрм,	Chaves	<u> </u>		County	
II. DESIGNATION OF TRAD		R OF O		D NATU		<del></del>			<del></del>		
Name of Authorized Transporter of Oil The Bormian Component	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183										
The Permian Corporation  Name of Authorized Transform Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, ive location of tanks.	Unit Sec. Twp. Rge.				Is gas actually	y connected?	When				
f this production is commingled with that	from any other	r lease or	pool, giv	e comming	ling order num	ж:					
V. COMPLETION DATA		Oil Wel	1 (	Gas Well	New Well	Workover	Deepen	Dive Deets	lc p -:-	big n. di	
Designate Type of Completion	- (X)	]	.   `	346 11 641	New Ires	110120121	Deepen	I Flug Back	Same Res'v	Dist Res'v	
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	_!		<del></del>		- <del></del>			Depth Casin	ig Shoe	<del>-</del>	
			0.00		CTC) CO) TO			<u> </u>			
HOLE SIZE CASING & TUBING:				NG AND CEMENTING RECORD SIZE DEPTH SET				·			
HOLE SIZE	CASING & TOBING SIZE				Der III de l			SACKS CEMENT			
	<u> </u>				<u> </u>						
/. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE							····	
OIL WELL (Test must be after					i be equal so or	exceed top all	lowable for th	is depth or be	for full 24 how	urs.)	
Date First New Oil Run To Tank	Date of Tes	1			Producing M	ethod (Flow, p	wr.p. gas lift.	eic.)			
1 1 CT -	T.L'. D. C.			Casing Pressure			Choke Size				
Length of Test	Tubing Pressure				Casing Pressure			CHORD DIZE			
ciual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
				<del></del>					•		
GAS WELL								·	·	·	
Acual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
YI. OPERATOR CERTIFIC	CATE OF	COM	PLIA	1CE			NCEDIA	ATION	שמוטוי		
I hereby certify that the rules and regu				, ·	'	OIL COI	NOEHV	_			
Division have been complied with and is true and complete to the best of my			YES 200V	c	Date	Annea:	n d	API	7111	990	
In the	<b>.</b>				Date	Approve	=u		<u>,                                    </u>	000	
Jun 100	∥ By_	OP!	Ginai sici	NED BY IT	್ರಾತ್ರ <b>ದ್</b> ಳ∨ಕು	rea1					
Lori Brown Production Supervisor					Dy -	By ORIGINAL SIGN ED BY INTERVIEWED DISTRICT I SUPERVISOR					
Printed Name			Tide		Title	• •		•			
March 26, 1990	(505) 63			No.				• • • • • • • • • • • • • • • • • • • •	·	<del></del>	
Date		Te	lephone l	<b>40.</b>	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.

RECEIVED

APR 4 1990

DOD HOBBS OFFICE