Submit 5 Copies Appropriate District Office	State of Ne Energy, <sup>* si</sup> nerals and Natur		Form C-104 Revised 1-1-89 See Instructions
DISTRICT I P.O. Box 1980, Hadde, NM 88240 DISTRICT II	OIL CONSERVA		at Bottom of Page
P.O. Drawer DD, Artesia, NM 88210	P.O. Bo Santa Fe, New Me		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 T	REQUEST FOR ALLOWAB TO TRANSPORT OIL		
I. Operator	TO TRANSFORT OIL	Well AL	PI No.
Murphy Operating Corp	poration	· .	
Address	: 		:
P. U. Drawer 2648, RC Reason(s) for Filing (Check proper box)	oswell, New Mexico 88202-	-2048 Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion		Change of Transporto	r Effective April 1, 199
Change in Operator	Casinghead Gas Condensate		
If change of operator give name and address of previous operator	•		
II. DESCRIPTION OF WELL			· · · · · · · · · · · · · · · · · · ·
Lease Name	Well No. Pool Name, Includin	Stote X	Lesse Lesse No.
Chaves State	LChaveroo	San Andres	K-3349
Unit LetterG	. 1980 Feet From The NO	orth_Line and1980Fee	From The East Line
Section 1 Township	p 8 South Range 32 Eas	st , NMPM, Chaves	County
፲፲፲ ፲፱፻፸፱፻፸፱	SPORTER OF OIL AND NATUR	RAL GAS	
Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which approved a	copy of this form is to be sen!)
Ihe Permian Corporati		P. O. Box 1183, Houstor	,  exas 77251-1183
Name of Authonized Trasporter of Casing		Address (Give address to which approved a	copy of this form is to be sent)
UX4 us DEE	Unit Sec. Twp. Rge.	Is gas actually connected? When	· · · · · · · · · · · · · · · · · · ·
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		
If this production is commingled with that :	from any other lease or pool, give commingli	ng order number:	- <u> </u>
IV. COMPLETION DATA			· · · · ·
Designate Type of Completion	- (X)   Oil Well   Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Specifica			1.0.1.0.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<b>N</b>			Depth Casing Shoe
Perforations			Lepit Cising shoe
· · · · · · · · · · · · · · · · · · ·	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			SACKS CEMENT
HOLE SIZE			SACKS CEMENT
			SACKS CEMENT
	CASING & TUBING SIZE		SACKS CEMENT
Y. TEST DATA AND REQUES	CASING & TUBING SIZE	DEPTH SET 	depih or be for full 24 hours.)
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V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank	CASING & TUBING SIZE ST FOR ALLOWABLE recovery of total volume of load oil and must Date of Test	DEPTH SET DEPTH SET be equal to or exceed top allowable for this Producing Method (Flow, pump, gas lift, e	depih or be for full 24 hours.)
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V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test	CASING & TUBING SIZE ST FOR ALLOWABLE recovery of total volume of load oil and must Date of Test Tubing Pressure	DEPTH SET be equal to or exceed top allowable for this Producing Method (Flow, pump, gas lift, e Casing Pressure	depih or be for full 24 howrs.) ic.) Choke Size
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V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test	CASING & TUBING SIZE ST FOR ALLOWABLE recovery of total volume of load oil and must Date of Test Tubing Pressure	DEPTH SET be equal to or exceed top allowable for this Producing Method (Flow, pump, gas lift, e Casing Pressure	depih or be for full 24 hows.) ic.) Choke Size
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V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.)	CASING & TUBING SIZE ST FOR ALLOWABLE recovery of total volume of load oil and must Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut-in)	DEPTH SET be equal to or exceed top allowable for this Producing Method (Flow, pump, gas lift, e Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	depth or be for full 24 hows.) tc.) Choke Size Gas- MCF Gravity of Condensate Choke Size
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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. ۰.

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