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STATE OF NEW MEXICO		•		·
NERGY AND MINERALS DEPARTME	<u>ent</u>			Form C-104 Revised 10-01-78
				Format 06-01-83
OISTRIBUTION SANTA FE		VATION DIVISIC	2 IN	Page 1
FILE		BOX 2088		
	SANTA FE, N	EW MEXICO 87501		
LAND OFFICE		.		
TRANSPORTER OIL	RECUEST	FOR ALLOWABLE		· · ·
DPERATOR	REQUEST	AND	•	
PROBATION OFFICE	AUTHORIZATION TO TRA	• • •	RAL GAS	1 () () () () () () () () () (
i i i i i i i i i i i i i i i i i i i			ng ang ang ang ang ang ang ang ang ang a	· · · · · · · · · · · · · · · · · · ·
Operator				:
MURPHY OPERATING COF	RPORATION	دهم بید مید هم به موقوع در معرود میشود به معرف در مدر از آنگذرها آل دورد این 	می و باده محمد محمد میکند. میکند محمد محمد است. ۲۰ - ۲۰ - ۲۰ - ۲۰ - ۲۰ - ۲۰ - ۲۰ - ۲۰ -	ی در این شیخ دینی اهم شینی بر این این این ا این این این این این این این این این این
Address				
P. 0. Drawer 2648, F	Roswell, New Mexico 882	202-2648	ana na manana manana di kala na manana m	مردقا و در ور ور سی محمد محمد مرد و . و ا
Reoson(s) for filing (Check proper b	iox)	Other (Pleas	e explain)	
New Well	Change in Transporter of:	CHANGE CHANGE	F WELL NAME & NU	JMBER
Recompletion		Dry Gas Change	ffective Novembe	er 1. 1988
Change in Ownership	Casinghead Gas	Condensate Previous	lv State "BF" #1	.0
			and a second	
I change of ownership give name	م میں ایک	مى مەھىمىرى بىرىمىر مىلىرىمىر مالىرىكى بىرىمى بىر مالىرى مىر	دوميمام (موليديند با مطلقي مد محد الدام الم ال	، بر از برید برد ایر <mark>کارسمی</mark>
nd address of previous owner		······································		
I. DESCRIPTION OF WELL A	NTD IFASE	•••• · · · · · •••	· · · · · · ·	
	C.3 Well No. Pool Name, Includin	g Formation	Kind of Lease	Lease N
Haley Chaveroo SA Un	nit 15 Chaveroo	San Andres	State, Federal or Fee St	ate NM-108
Location	-1			•
	190 Feel From The South	1980	East From The East	s.t
Unit Letter:	Feel From Line			
3	Township 85 Ronge	33Е , мири	. Chaves	Count
Line of Section 5	10wnsmp			
UL DEPICALATION OF TRAN	NSPORTER OF OIL AND NATU	RALGAS		•
Name of Authorized Transporter of	CII XXI or Condensate	Adatess (Give address	to which approved copy of	(this form is to be sent)
Mobil Pipeline C		P.O.Box 900,	Dallas, TX 7522	21
HODTI PETHIC C	Casinghead Gas XX or Dry Gas	Address (Give address	to which approved copy of	(this form is to be sent)
Oxy NGL, Inc.		P.O. Box 300,	Tulsa, OK 7410)2
UXY NUL, INC.	Unit Sec. Twp. Rge.			
If well produces oil or liquids,	B 3 85 33		4/1/67	7
give location of tanks.		i		
I this production is commingled	with that from any other lease or p	ool, give commingling ord	er number:	·
NOTE: Complete Parts IV an	nd V on reverse side if necessary.	11		
VI. CERTIFICATE OF COMPL	TANCE		CONSERVATION DI	VISION
			NEW 1 7 19	
I hereby certify that the rules and regu	ulations of the Oil Conservation Division h	APPROVED		, 19
been complied with and that the inform	nation given is true and complete to the bes		RIGINAL SIGNED BY	FORY CRYTON
my knowledge and belief.		BY	DISTRICT SUPER	VICOD
		TITLE		· · · · · · · · · · · · · · · · · · ·
,			: ///	
mariante	alickman)		to be filed in compliand	
vi futura S. S	~ unorma	well this form mu	quest for allowable for at be accompanied by a	a tabulation of the devi-
Melinda K. Hickman (S	ignature)	tests taken on the	well in accordance wi	Ith RULE 111.

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Production Supervisor

November 11, 1988

(Title)

(Date)

If this is a request for allowable for a newly drilled or despene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 multipl completed wells.

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IV. COMPLETION DATA

	(¥)	OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res	~
Designate Type of Completio	$n = (\lambda)$	i . I	1	1	1 P 2 P				i i	
Date Spudded		. Ready to Pro	d.	Total Depth	······································	· · · · · ·	P.B.T.D.	· · · · · · · ·		-
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Forma	tion .	Top Oll/Ga	s Ραγ		Tubing Dep	th		-
						11/2000		ng Shoe		-
alional and an annaux	2.235 2.24	TUBING, C.	ASING, AND	CEMENTI	G RECORD) - 1 - 2 - 1	And the second	t trink i	12.4	
A A A A A A A A A A A A A A A A A A A	130 CASH	G & TUBIN	G SIZE	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	DEPTH SE	T 📬	S/	CKS CEMEN	1T 1+	
والمترسيسين وربيت وسأجيب وساحويت الماصية مماليس فسيسور					e de la companya de l	4	i skite	NAL PROPERTY.	ا د د د د	_
	1. j	e transference en	a data tar			•	· · ·	2		
							1			
······································	<u>.</u>			1	•		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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	Producing Method (Flow, pump, gas lift, etc.)		
Longth of Test	Tubing Pressure	Casing Proceure	Choke Size	· · · · · · · · · · · · · · · · · · ·	
Actual Prod. During Test	011-Bbla.	Water - Bbls.	Gas-MCF		
	•				

GAS WELL

Ond when							
Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condenscie/MMCF	Gravity of Condensate				
Tealing Method (pirol, back pr.)	Tubing Prosoure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				

RECEIVED

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