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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	!	O IHAI	NOPC	IN I UIL	ANU NA	UHAL GA		PI No				
Murphy Operating Corporation						Well API No.						
ddress		30-005-20502										
P. O. Box 2545,	Roswe	11, N	lew N	<u>lexico</u>	8820	2-2545						
Reason(s) for Filing (Check proper box)			_	_	Othe	t (Please expla	in) `					
New Well	Oil	Change in (Transpor Dry Gas	_	Change	effecti	ive Apri	1 1. 19	92			
lecompletion \Box	Casinghead		•		**********		- 1	,				
change of operator give name		45										
nd address of previous operator				_								
L DESCRIPTION OF WELL	AND LEA	SE										
Paye Federal Well No. Pool Name, Including Tom									Lease Lease No. Sederal of The X			
raye rederar	1	10		10111	Oli Dan I	mares			1			
Unit LetterJ	:19	80	Feet Fro	om The	outh Line	and1980	9 Fe	t From The	East	Line		
,	•											
Section 4 Township	8 Sc	outh	Range	31 Ea	ist , Ni	ирм,	Cr	aves		County		
II. DESIGNATION OF TRAN	SPORTE	R OF OI	L ANI	D NATU	RAL GAS							
Name of Authorized Transporter of Oil	רעו	or Conden	sale		Address (Giv	e address to wh	tich approved	copy of this f	orm is to be se	nt)		
Petro Source Partners, Ltd. Name of Authorized Transporter of Casinghead Gas or Dry Gas						P. O. Box 1356, Dumas, TX 79029						
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)											
If well produces oil or liquids,	uces oil or liquids, Unit Sec. Twp. Rge.					Is gas actually connected? When?						
ive location of tanks.	<u>i </u>	4	<u>8S</u>	131E	<u></u>		1					
this production is commingled with that	from any oth	er lease or p	pool, giv	e commingl	ing order num	ber:						
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Phie Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	1	i`			Workstein	Dupu	l ling David]		
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
					Top Oil/Gas Pay			Table Bud				
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					, /			Tubing Depth				
Perforations	_ _				·		 	Depth Casin	g Shoe			
								<u> </u>				
	TUBING, CASING AND				CEMENTI	DEPTH SET			SACKS CEMENT			
HOLE SIZE	UAS	CASING & TUBING SIZE				DEPTH SET			SAUNS CEMENT			
TOTAL LAID DEOLIG	T FOD A	TIOW	ADLE		<u> </u>			1				
V. TEST DATA AND REQUES OIL WELL (Test must be after t					the equal to o	exceed top all	owable for thi	s depth or be	for full 24 hou	ars.)		
Date First New Oil Run To Tank	Date of Te		0) 1000			ethod (Flow, p			, . ,			
								· · · · · · · · · · · · · · · · · · ·				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Pand During Test	al Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF				
Actual Frod. During Test												
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of	Condensate			
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			\ <u></u>	Calle Size			
Testing Method (pilot, back pr.)								Choke Size				
UL ODED ATOD CEDITIFIC	TATE OF	COM	DT TAN	NCE	-			<u> </u>				
VI. OPERATOR CERTIFIC				1CE		OIL COI	NSERV	ATION	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					APR 23'92							
is true and complete to the best of my	knowledge 2 /	nd belief.			Dat	e Approve	ed	MFR 2	9 92			
00.00	2	•										
Signature						By DRIGINAL SIGNED BY JERRY SEXTON						
Carol J. Garcia	, Pro	ducti		nalys	t	D!:	हा सहस्राहर इ.स.च्या	JPLRVISCE	(
Printed Name	505	-622-	Title		Title)						
4/8/92 Date			lephone i									

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.

 A) Second Form C 104 must be filed for each root in multiply completed wells