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

I	T	O TRANS	SPORT OIL	AND NAT	<u>URAL G</u> A						
Operator					Well API No.						
Murphy Operating Corporation					30-005-20605						
Address P. O. Box 2545	. Roswe	11. Ne	w Mexico	88202	-2545						
Reason(s) for Filing (Check proper box)	, ROSWC	11, 110	WINCKICC		(Please expla	in)					
New Well	•	Change in Tra	. —	CI.			1 1 100	22			
Recompletion											
Change in Operator	Casinghead	Gas 🔀 Co	ndensate								
if change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	. AND LEA	SE									
Lease Name Well No. Pool Name, Including					ig Formation			Kind of Lease Lease No.			
Ingram Federal	om San Andres XX			Federal on Federal NM-15678							
Location		_						**			
Unit LetterE	: <u>198</u>	<u> </u>	et From The	North Line:	and <u>660</u>	Fe	et From The _	West	Line		
Section 5 Towns	8 9	South Ra	inge 31 Ea	st , NM	DN.	Ch	aves		County		
Section 5 Towns	11 p 0 0	outh K	inge of La	SC , INM	rm,		aves		County		
III. DESIGNATION OF TRA	NSPORTER	OF OIL	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil	1X I	or Condensate		Address (Give		• •			ਧ)		
Petro Source P	P. O. Box 1356, Dumas, TX 79029 Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casi		□ or	Dry Gas	Address (Give	address to wh	ich approved	copy of this fo	orm is to be se	nt)		
Irude at NGL If well produces oil or liquids,	Is gas actually connected? When ?										
give location of tanks.	Unit	Sec. TV 5 8	vp. Rge. 31E	10 820 10022)	· ·	i when	1				
If this production is commingled with the	t from any other			ing order numbe	г.						
IV. COMPLETION DATA			··.	· 							
Designate Type of Completion	n - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
		i. Ready to Pr	<u> </u>	Total Depth		<u> </u>	 	L	<u>.l</u> .		
Date Spudded	Date Comp	i. Ready to Fr		· ·			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	ation	Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casin	g Shoe			
		UDDIC C	+ CDIC + ND	CT') (I') ITT)	C DECOR		<u> </u>		 .		
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
HOLE SIZE											
						··	<u> </u>				
THE TRUE BATTA AND DECAU	CT FOD A	LLOWAR	1.12	<u> </u>							
V. TEST DATA AND REQUI OIL WELL (Test must be after				he equal to as a	vessed top alle	wahla far thi	a dansh on ha s	for full 24 hou	1		
Date First New Oil Run To Tank	Date of Tes		Odd Du dha musi	Producing Met				or jui 24 nou			
		-				7.0 7.	,				
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Prod. During Test Oil - Bbls.			Water - Bbls.			Gas- MCF				
							1				
GAS WELL	11 camb -67	Fact		IRMs Condo	ate A A ACT		Consideration	onder:			
Actual Prod. Test - MCF/D	Length of 7	1 291		Bbls. Condens	ate/MIMICP		Gravity of C	Onoen Sale			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in))	Casing Pressure (Shut-in)			Choke Size				
	1			1							
VI. OPERATOR CERTIFI	CATE OF	COMPL	IANCE			1055		-			
I hereby certify that the rules and reg		OIL CONSERVATION DIVISION									
Division have been complied with an is true and complete to the best of m	APR 2 2 '92										
is true and complete to the best of m	, mowreage an	ne UCIICI.		Date	Approve	d		₩ JZ			
Carol (). X	Darce	نف									
Signature					By CRIGINAL SIGNED BY SHERY CEXTON						
Carol J. Garcia, Production Analyst					DISTRIGT I SUPERVISOR						
Printed Name 4/8/92	505	ı 622 <u>–11</u>		Title_							
Date 4 / 6 / 9 /			one No.								

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

RECEIVED

APR 2 1 1992

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