Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	OR A	LLOWA	ABLE AND	AUTHORI	IZATION			
I.						TURAL G	AS			
Operator  Mumphy Operating Corporation							Well API No.			
Murphy Operating Corporation Address										
Post Office Drawer 2	2648, Ro	swell,	New	Mexic	o 88202-	2648				
Reason(s) for Filing (Check proper box)					Ot	her (Please expi	lain) `			
New Well	01	Change in								
Recompletion   Change in Operator	Oil Casinghe		Conde							
f change of operator give name	Cashghe	au Gas	Collor	ensate						
and address of previous operator										
II. DESCRIPTION OF WELI	L AND LE	ASE								
Lease Name									Lease No.	
Miller Federal Location		1	<u> </u>	OIII I OIII	Sall Allu		y \$1,414,	Federal of Fee/	NM-046153-A	
0	6	60			South	ne and 198	20		East	
Unit Letter	:		Feet F	From The	Li	ne and198	50 Fe	et From The	Last	
Section 33 Towns	<sub>hip</sub> 7S	•	Range	, 31E	, N	лмем, С	naves		County	
									County	
III. DESIGNATION OF TRA				ND NAT			<del></del>	··········		
Name of Authorized Transporter of Oil XXX or Condensate Permian SCURLOCK PERMIAN CORP EFF 9-1-91					Address (Gi	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183				
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)				
Oxy 1154 mc.							чүрг олса	יייטן נאווז ניט קעטר אוויי	www.seruj	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rg	e. Is gas actua	ly connected?	When	?		
ive location of tanks.		<u> </u>	L	<u></u>						
f this production is commingled with the V. COMPLETION DATA	at from any ot	her lease or	pool, g	ive commin	gling order nun	nber:				
V. COM EDITOR DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back Sa	ma Paciu - Diff Paciu	
Designate Type of Completion	n - (X)	i	i			Weizote:	Dapi	This pack  Sa	me Res'v Diff Res'v	
Date Spudded	Date Corr	pl. Ready to	Prod.		Total Depth	<u> </u>		P.B.T.D.	<del></del>	
CL COC DED DT CD			<del></del>		To- Oliver	<b>D</b>				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth	
Perforations						I			Depth Casing Shoe	
TUBING, CASING AND					CEMENT	CEMENTING RECORD				
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT	
			·							
		<del> </del>					<del></del>			
V. TEST DATA AND REQUI	EST FOR A	ALLOW.	ABLE	<u> </u>	<del></del>					
OIL WELL (Test must be after	recovery of t	otal volume	of load	l oil and mu					full 24 hours.)	
e First New Oil Run To Tank Date of Test					Producing N	Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	Tubi n				Casing Pres	Time .		Choke Size		
Leagur or Test	Tubing Pressure			Casing 11cs.	Casing Pressure			CHORC DIZE		
Actual Prod. During Test	Oil - Bbls.			Water - Bbl	Water - Bbls.			Gas- MCF		
								<u> </u>		
GAS WELL										
ctual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF			Gravity of Condensate	
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Conina B	Casing Pressure (Shut-in)			O ale Sie		
				Casing Pres				Choke Size		
VI. OPERATOR CERTIFI	CATEO	E COM	T 1 T A	NCE	<u> </u>			1		
VI. OPERATOR CERTIFIT  I hereby certify that the rules and reg				IACE		OIL CO	NSERV.	ATION D	IVISION	
Division have been complied with an	d that the info	ormation giv		ve			• • ·			
is true and complete to the best of m	y knowledge a	and belief.			Dat	e Approve	ed			
Var. Alaman						Date Approved				
( Sou ( ) rava					By	By				
Signature Lori Brown Production Supervisor					by -	Dy				
Printed Name			Title		Title	<b>a</b>				
11-27-90	(505) 6	523-721	0	NI-		<i></i>		<del></del>		
Date		Tel	ephone	No.	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.