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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I.</u>		TO TRA	NSP	ORT OIL	AND NA	TURAL GA					
Operator Community Community	Well API No.					-					
Murphy Operating Corp	poratio	n		· 				. -			
Post Office Drawer 26	5/18 Ro	ו [[בעים	Nov	u Mevico	88202_	26/18					
Reason(s) for Filing (Check proper box)	J40, NO	2MC 1 1	, 110	W MEXICO		et (Please expl	ain)				
New Well		Change in	Transp	orter of:		er (1 rease expa	,				
Recompletion	Oil		Dry G								
Change in Operator	Casinghead		Conde	_							
If change of operator give name					······································			•			
and address of previous operator				·							
IL DESCRIPTION OF WELL A	AND LEA	SE									
Lease Name Well No. Pool Name, Including Miller Federal 3 Tom Tom Sa								of Lease	E. 4 1 E		
Miller Federal	an Andres 777			Federal of Fe	NM-046153-A						
Location	1000			A.I		100	•				
Unit LetterG	: 1980 Feet From The North Line and 1980 Feet From The East Line										
Section 33 Township 7S Range 31E , NMPM, Chaves Coun									County		
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		<u> </u>									
I GALIRI OCK PI	ERMIAN CO	or Conder ORP EFF	9-1-91		ł	e address to wi					
Permian Name of Authorized Transporter of Casing		P. O. Box 1183, Houston, Texas 77251-1183 Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas or Dry Gas OX 1 NGL Inc.						number (Give accuress to which approved copy of this form is to be sent)					
If well produces oil or liquids,	Unit	Sec. Twp.		Rge.	Is gas actually connected?		When	Then ?			
give location of tanks.	<u> </u>						L_				
If this production is commingled with that find the state of the state	rom any othe	er lease or	pool, gi	ive commingl	ing order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	Now Well	W-4	1 2	1 5 5 .	10 2 .	b	
Designate Type of Completion -	(X)	I On wen	' I	Oas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth	<u> </u>	1	P.B.T.D.	P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations								Depth Casir	ng Shoe		
		VIDDIC.	<u> </u>		OE) CE) WW	VC PECOP		<u>j</u>			
TUBING, CASING AND											
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
							·				
								-			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		I						
OIL WELL (Test must be after re	covery of to	tal volume	of load	oil and must	be equal to or	exceed top allo	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	t			Producing M	ethod (Flow, pi	ump, gas lift,	etc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Prod. During Test Oil - Bbls.				Water - Bbls			Gas- MCF	Gas- MCF		
Actual Floir During Test	Oil - Dois.				Water - Doia			Gas- MCI			
CASTUELL	L				L,						
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Actual Flod. Test - WICI/D	Length of Yest			Bois. Coldensate/Mivicr			Gravity or C	Cravity of Concentant			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	<u> </u>			
VI. OPERATOR CERTIFICA	ATE OF	COME	PLIA	NCE.				 !-			
I hereby certify that the rules and regula					(OIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Date Approved						
You Burne											
you Grown					By						
Lori Brown Production Supervisor					-, -				<u></u>		
Printed Name			Title		Title						
	05) 623	3 <u>-721</u> 0		NT-	''''		······				
Date		Tele	ephone	INO.							

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.

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