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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

1.		IO IHAN	ISPORT OIL	AND NATURAL (				
Operator	Well API No.							
Murphy Operation Address		30	30-005-20646					
P. O. Box 2545,	Rosus	11 No	ew Mexico	. 00101 15/1	=			
Reason(s) for Filing (Check proper box)	NOSWE	11, 110	w HEXIC	0 88202-2545 Other (Please ex			<del></del>	<del></del>
New Well		Change in Tr	ansporter of:		<i>y-</i> ,			
Recompletion	Oil		Ty Gas	Change effec	tive Apr	il 1, 1992		
Change in Operator	Casinghead	i Gas 🗹 C	·	•	•	•		
If change of operator give name							·	
and address of previous operator	<del></del> -		<del></del>					
II. DESCRIPTION OF WELL	AND LEA	SE						
Lease Name	ng Formation	of Lease No.						
Ingram Federal 1-Y Tom Tom Sa				an Andres	Andres XXXX			5678
Location								
Unit Letter A	_ :554	F	eet From The	North Line and 554	<del>/</del>	et From The	East	Line
Section 5 Townshi	ip 8 S	Sotuh R	ange 31 Ea	st ,NMPM,	Ch	aves		County
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS				
Name of Authorized Transporter of Oil		or Condensat	¢	Address (Give address 10			is to be ser	u)
Petro Source Pa	P. O. Box 1356, Dumas, TX 79029							
Name of Authorized Transporter of Casin		<b>&gt;</b> 01	Dry Gas	Address (Give address to	which approved	copy of this form	is to be ser	u)
If well produces oil or liquids,	s gas actually connected? When ?							
give location of tanks.	E		S 31E		i			
If this production is commingled with that	from any other	er lease or poo	ol, give comming	ing order number:				
IV. COMPLETION DATA		·						
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well   Workover	Deepen	Plug Back San	ne Res'v	Diff Res'v
Date Spudded		I. Ready to Pr		Total Depth		Ļ		<u> </u>
Date Spikklet	Date Comp	i. Kezoy io Fi	oa.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	ation	Top Oil/Gas Pay		T. 5		
The state of the s				Tubing Depth				
Perforations					<del></del>	Depth Casing Sh	10e	
TUBING, CASING AND				CEMENTING RECO	RD	<del>'</del>		
HOLE SIZE	1	ING & TUBI		DEPTH SE		SACKS CEMENT		
	ļ							
	ļ		· <del></del>					
	ļ						<del></del>	
V. TEST DATA AND REQUES	T FOD A	LLOWAR	I C			<u> </u>		
				be equal to or exceed top a				
Date First New Oil Run To Tank	Date of Tes		out ou und mast	Producing Method (Flow,			ul 24 hour	r.)
	industry, party, gas igi, etc.)							
Length of Test	Tubing Pres	sure	<del> </del>	Casing Pressure	Choke Size			
Actual Prod. During Test	t Oil - Bbls.			Water - Bbls.	Gas- MCF			
· <u>······</u>								
GAS WELL								
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Condensate/MMCF	·	Gravity of Cond	ensate	
					-			
Tubing Method (pitot, back pr.)  Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)	Choke Size				
						<u> </u>		
<b>VI.</b> OPERATOR CERTIFIC	ATE OF	COMPL	IANCE	011.00	NOCES	ATIONE		
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION				
Division have been complied with and is true and complete to the best of my			above			APR	22'92	)
I doe and complete to the ocal of my		- venter.		Date Approv	ed			<u> </u>
( and ( ) D	ncii							
Signature				By ORIGINAL SIGNER ST.				
Carol J. Garcia, Production Analyst				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				
Printed Name			itle	Title		SCERAISOR		
4/8/92 Date	505-	622-11 Teleph					-	
Date .		I GIGDIA	JUE 190.	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

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APR 2 1 1992

GCD HOSS OFFICE