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 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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		IO IHA	INSP	OH I OIL	AND NA	TURAL GA					
Operator						Well API No.					
Murphy Operating Corporation						30-005-20682					
P. O. Box 2545,	Roswe	211. 1	New	Mexico	8820	2-2545					
Reason(s) for Filing (Check proper box)						er (Please expla	in)				
iew Well		Change in			01				00		
Recompletion	Oil		Dry G		Chang	e effecti	ive Apri	.1 1, 19	92		
Change in Operator	Casinghead	d Gas 🔀	Conde	nsate					,		
change of operator give name ad address of previous operator											
L DESCRIPTION OF WELL A	AND LEA	ASE									
Lease Name Well No. Pool Name, Includin					ng Formation		Kind c	Kind of Lease		ase No.	
Oakason "B" Federa	1	3	<u> </u>	Tom T	om San A	ndres	SKAK	Federal XXXX	(NM-1	5015-B	
ocation		-									
Unit LetterC	: 660 Feet From The 1				North Line and 1980			eet From The West Line			
Section 33 Township 7 South Range 31 Eas					st , nmpm , Ch			aves County			
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATU							
lame of Authorized Transporter of Oil		or Conder			ľ	e address to wh	• •				
Petro Source Partners, Ltd.					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 Casing	4		or Dry	Gas	Address (Giv	e address to wh	iich approved	copy of this fo	orm is to be se	nt)	
f well produces oil or liquids,	Unit	Sec.	Twp.	Rge	is gas actuali	y connected?	When	?		=	
ive location of tanks.	N	33	7S	31E			1				
this production is commingled with that f	rom any oth	er lease or	pool, gi	ive commingl	ing order num	ber:					
V. COMPLETION DATA		10:::::::::		G - W "	1 51	1	1	CZ:	ı	· <u>C</u> -	
Designate Type of Completion -	- (X)	Oil Well	 	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
erforations							,	Depth Casin	g Shoe		
<u></u>			0.40	DIG 4370	CTL CL	V.G. D. G. G. D.					
1101 5 8175	TUBING, CASING AND C				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEFIN SET			SAUNS CEMENT			
											
	7 5 6 6		. 51 5					İ			
. TEST DATA AND REQUES					. h			1 .1 1	6. 6.U.94.L.	- 1	
OIL WELL (Test must be after red) Date First New Oil Run To Tank	Date of Te		oj load	ou and must					jor juli 24 hou	rs.)	
PROTING TO HOLD TO THE	Date of lex				Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF			
record tion range too.	On - Buis.				2010	-					
GAS WELL					. •			<u> </u>			
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	sate/MMCF	· · ·	Gravity of G	Condensate		
National Control of the Control of t	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
esting Method (pitot, back pr.)											
I. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE		OIL # =:			—		
I hereby certify that the rules and regul	ations of the	Oil Conse	rvation		1 '	OIL CON	VSERV.	ATION	DIVISIO	N	
Division have been complied with and is true and complete to the best of my l			ven abov	ve	Date	e Approve	od.	APR 2	2 '92		
Ω_{2} , Ω_{1}	۵.				Dall	• •			-m-y-m-182		
Simply	-u	ca			∥ By_	ORIGINAL	SIGNED	W JETTY S	BEARION		
Signature Carol J. Garcia	, Prod	ducti	on A	Analys		D)	अस्या । इ	ار <u>ت در فرواده</u> الأسلام	. — —		
Printed Name		(^ ^	Title		Title						
4/8/92 Date	505-	<u>-622-</u> Tel	112.7 lephone								
Date		1.01	reprione	140.	H						

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.