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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	T	O TRAN	SPORT O	L AND NA	TURAL G	AS				
Operator					Well API No.					
Murphy Operating Corporation					30-005-20743					
Address P. O. Box 2545,	Roswe	11, Ne	w Mexic	o 882	02-2545					
Reason(s) for Filing (Check proper box)					her (Please expl	ain)				
New Well		Change in Tr		Chang	ge effect	ive Anr	i 1 1 190	92		
Recompletion Change in Operator	Oil Casinghead	Gas 🔀 Ca	•	Onang	c cricce	ive npr	11, 17.	,,		
If change of operator give name and address of previous operator							·			
• •	431D 7 E 4	CD.		· · · · · · · · · · · · · · · · · · ·						
II. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Including Formation						Kind of Lease Lease No.			
Ingram Federal	l i			Tom San			l of Lease Lease No. p. Federal WAPKEY NM-15678			
Location		13		10 5411						
Unit Letter G	: 165	5 Fe	eet From The _	North Li	ne and2310	<u>0</u> . Fe	et From The _	East	Line	
Section 5 Township	<u>8 S</u>	outh R	ange 31 E	ast ,N	IMPM,	Ch	aves		County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATI	IDAL CAS						
Name of Authorized Transporter of Oil		or Condensat				hich approved	copy of this fo	rm is to be se	nt)	
Petro Source Partners, Ltd.					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1356, Dumas, TX 79029					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	es oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected?				When	When ?				
If this production is commingled with that					nber:					
IV. COMPLETION DATA		Oil Well	Gas Well				1 1			
Designate Type of Completion		İ	<u> </u>	_i	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	ate Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Ca				sing Shoe	
	т	JBING, C	ASING ANI	CEMENT	ING RECOR	SD	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			T CENTER VI	DEPTH SET			SACKS CEMENT		
	 						ļ		··	
V. TEST DATA AND REQUES	T FOR A	LLOWAR	ILE.				1			
OIL WELL (Test must be after r				si be equal to c	or exceed top all	lowable for th	is depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Least of Test	of Tod				Casing Pressure Choke Size					
Length of Test	lubing Pres	Tubing Pressure		Casing Fres	Casing Pressure					
Actual Prod. During Test	Oil - Bbls.			Water - Bbl	Water - Bbis.			Gas- MCF		
GAS WELL							.1			
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pres	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	СОМРІ	IANCE							
I hereby certify that the rules and regul					OIL COI	NSERV	ATION I	DIVISIO	N	
Division have been complied with and that the information given above										
is true and complete to the best of my	knowledge and ?	d belief.		Dat	e Approve	edP	PR 22'9	32		
(1,1)	2	•								
Signature J. Sarcis					By ORIGINAL SIGNED BY JERRY SEXTON					
Carol J. Garcia, Production Analyst					DISTRICT I SUPERVISOR					
Printed Name	505	_	ĩde O 7	Title	e				·	
<u>4/8/92</u> Date	<u> 505-</u>	622-11 Teleph	27 100e No.					740		

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.

RECEIVED

APR 21 1992

GOD HOBBS OFFICE