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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

חוקדפוכד ווו

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQL	JEST F	OR AI	LLOWA	BLE AND	AUTHORIZ	ZATION					
I.		TO TRA	NSP	ORT OIL	AND NA	TURAL GA						
Operator  Murphy Operating Corporation						Well API No. 30–005–20744						
Murphy Operatin Address	g corp	oratio	<b>л</b>				30	003-207				
P. O. Box 2545,	Rosw	ell,	New	Mexic	8820	)2-2545						
Reason(s) for Filing (Check proper box)		<u>'</u>				er (Please explo	י ייטיג)	·· <del>·</del> · · · · · · · · · · · · · · · · ·				
New Well		Change in			C)	در ،		. 1 1 100	١٥			
Recompletion $\square$	Oil		Dry G		Chang	e effect:	ive Apr	11 1, 199	12			
Change in Operator	Casinghea	id Gas 🔀	Conde	nsate								
f change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE		15							<del> </del>		
Lease Name		Well No.	POOI N		ing Formation	Andmaa		of Lease Federal <del>ynyfys</del> y	1	<b>23se No.</b> 15678		
Ingram Federal		14	ــــــــــــــــــــــــــــــــــــــ	10111 1	om San .	Andres		XXXX	NPI-	15070		
Unit LetterF	:16	55	Feet F	rom The	North Lie	e and1655	5 Fe	et From The _	West	Line		
Section 5 Township	, 8	South	Range	31 Ea	ıst ,N	мрм,	Cł	aves		County		
III. DESIGNATION OF TRAN	SPORTE			D NATU						···		
	Name of Authorized Transporter of Oil or Condensate Petro Source Partners, Ltd.						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas or Dry Gas					P. O. Box 1356, Dumas, TX 79029  Address (Give address to which approved copy of this form is to be sent)							
	L. In		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-сп цррготеа	copy of mayor	m a w be se	<b>,,</b> ,		
If well produces oil or liquids,	Unit	Sec.	Twp.	-	ls gas actual	ly connected?	When	. ?				
give location of tanks.	E	5	[8S	1 31E		<del></del>	L					
If this production is commingled with that in IV. COMPLETION DATA	rom any oti	her lease or	pool, gi	ve comming	ling order nun	iber:						
Decignate Type of Completion	- (20)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -  Date Spudded		pl. Ready to	n Pend		Total Depth	<u> 1</u>	<u> </u>	<u> </u>				
Date Spunder	Date Com	pi. Ready b	o 1 10a.		Toma Depair			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations					L.,,			Depth Casing Shoe				
	-	TUBING.	CASI	NG AND	CEMENT	NG RECOR	PD	<u> </u>	-			
HOLE SIZE						DEPTH SET			SACKS CEMENT			
		_			ļ							
	ļ							<del> </del>				
V. TEST DATA AND REQUES	TFOR	ALLOW	ABLE		.1			1				
OIL WELL (Test must be after re					t be equal to o	r exceed top all	owable for th	is depth or be fo	or full 24 hou	urs.)		
Date First New Oil Run To Tank	Date of To					lethod (Flow, pr		<u></u>				
					ļ			.,				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	ual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF			
GAS WELL	<u> </u>				·							
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	nsate/MMCF		Gravity of C	ondensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE		011 66:						
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above						APR 2 2 '92						
is true and complete to the best of my	mowledge :	and belief.			Dat	e Approve	ed		, ~ J <u>L</u>	·-··		
( and ( )	arci	د م										
Signature						ORIGINAL			NCIX			
Carol J. Garcia	, Pro	ducti	_	nalys	t	១វន	TRIGIT I SU	PERVISOR				
Printed Name	505	600	Title	7	Title	∍						
4/8/92 Date		<u>-622-</u> Te	1 2 1 lephone	No.								

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) Senarate Form C-104 must be filed for each pool in multiply completed wells.

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APR 2 1 1992

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