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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hoobs, NM 88240

## State of New Mexico Energ, 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

		O IHAN	3PC	INT OIL	AND MAI	UHAL GA		DI M-			
Operator MURPHY OPERATING C	ORPORAT I	ON					Well A	ri no.			
Address P.O. Drawer 2648, Rosw	ell. Nev	w Mexico	o 88	320-2-26	548						
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil	Change in Tr	anspor ry Gas	ter of:	Othe	r <i>(Please expla</i> je effect		ust 1,	1989		
f change of operator give name and address of previous operator											
I. DESCRIPTION OF WELL.	AND LEA	SE									
Lease Name Haley Chaveroo SA Unit Sec 3 11 Chaveroo Sa									f Lease Lease No. Fx*xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
Location Unit LetterK	:1980	F	eet Fro	on The	South	and1980	) Fe	et From The	West	·Line	
Section 3 Township	, 8 Soi	uth <sub>R</sub>	lange	33: Eas	t , <sub>NA</sub>	upm, Cl	naves		<del> </del>	County	
II. DESIGNATION OF TRAN				NATUI	RAL GAS		:-t				
Name of Authorized Transporter of Oil Texaco Transportation Name of Authorized Transporter of Casing OX ( M Cal And	& Tradi			G25	P.O. Bo	e address to wh OX 60628 e address to wh	, Midlar	nd, Texa	s 79711-	-0608	
OXY NGL United the second of t	Unit   Sec.   Twp.   Rge.				Is gas actually	connected?	When	?			
If this production is commingled with that	from any other	r lease or po	ol, giv	e commingli	ing order numl	er.					
IV. COMPLETION DATA  Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	I. Ready to P	pod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
TUBING, CASING AND					CEMENTI	NG RECOR	D D	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
									*		
V. TEST DATA AND REQUE OIL WELL (Test must be after to	ST FOR A	LLOWA	BLE	oil and must	be equal to o	r exceed top all	lowable for th	is depth or be	for full 24 ho	ws.)	
					be equal to or exceed top allowable for this depth or be for full 24 hows.)  Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure .				Casing Press	ure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	1	T			IRble Cond-	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC				NCĘ		OIL CO	NSER\	/ATION	DIVISI	ON ·	
I hereby certify that the rules and regulations of the Oil Conservation  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					
Asi af	CON	//				.,	eu ∵.			· i	
Signature	<u> </u>				∭ By.	· · · · · · · · · · · · · · · · · · ·			BY JERRY	_	
Lori A. Brown Production Supervisor Printed Name August 28, 1989 (505)623-7210					(1	e				n	
		Tala	ahane	No	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.