

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
MURPHY OPERATING CORPORATION  
Address  
P. O. Drawer 2648, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)		Change in Transporter of:		Other (Please explain)
<input type="checkbox"/> New Well		<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Recompletion		<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership				

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name CONE FEDERAL	Well No. 31 Y	Pool Name, including Formation Tomahawk San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM-15019
Location Unit Letter <u>C</u> ; <u>720</u> Feet From The <u>North</u> Line and <u>1781</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>7 South</u> Range <u>32 East</u> , NMPM, <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Co.	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19
	Twp. 7-S	Rge. 32-E
	Is gas actually connected? <u>Yes</u>	When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

MURPHY OPERATING CORPORATION

Mark B. Murphy (Signature)  
President  
(Title)

July 25, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 29 1986, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded 2-19-81	Date Compl. Read. to Prod. 4-28-81	Total Depth 4250'		P.B.T.D. 4147'					
Elevations (DF, RKB, RT, CR, etc.) 4408' GL, 4420' KB	Name of Producing Formation Tomahawk San Andres	Top Oil/Gas Pay		Tubing Depth					
Perforations 4065-4102', P-2 zone of San Andres Formation				Depth Casing Shoe					

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8-5/8"	12-1/4"	1773'	500 SX.
4-1/2"	7-7/8"	4249'	300 SX.

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size