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STATE OF NEW MEXICO					
	Form C-104 Revised 10-01-78				
	TION DIVISION Page 1				
BAHTA PE P. O. BOX					
SANTA FE, NEW	MEXICO 87501				
TRANSPORTER OAS REQUEST FOR	ALLOWABLE				
AN A					
I. AUTHORIZATION TO TRANSPO					
Operator MURPHY OPERATING CORPORATION	Approval to flare casinghead gas from				
	this well must be obtained from the				
P. O. Drawer 2648, Roswell, New Mexico	88201 BUREAU OF LAND MANAGEMENT (BLM)				
Reason(s) for filing (Check proper box)	Other (Please explain)				
X New Well Change in Transporter of:					
	Gas Indensate				
Change in Ownership THIS WELL HAS BEEN PLACED	IN THE POOL				
If change of ownership give name DESIGNATED BELOW. IF YOU DO					
and address of previous owner	· · ·				
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Alage. Intiviting Fo	rmaijon Kind of Lease Lease No.				
South Corbin Federal 1 Delaware	State, Federal or Fee Federal NM-61604				
Location					
Unit Letter B : 455 Feet From The North Line	and 2310 Feet From The East				
ting at Section 20 Township 18 South Range 3	3 East , NMPM, Lea County				
Line of Section 20 Township 18 SOULIN Hange 5					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oll A or Condensate	P. O. Box 1183, Houston, Texas 77251-9988				
PERMIAN CORPORATION Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized (Talleporter of Party Care					
If well produces oil or liquids, Unit Sec. Twp. Rge.	Is gas actually connected? When				
give location of tanks.	no, used on 1se.				
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.					
	OIL CONSERVATION DIVISION				
VI. CERTIFICATE OF COMPLIANCE	APPROVED SEP 2 2 1986 19				
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	APPROVED				
my knowledge and belief.	BY ORIGINAL SIGNED BY TAXAY DEAFON				
MURPHY OPERATING CORPORATION	TITLE MAN DISTRICT I SUPERVISOR				
MIN / MA	This form is to be filed in compliance with RULE 1104.				
//W.X.K. //////////////////////////////////	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				
Mark B. Murphy (Signature)	tests taken on the well in accordance with AULE 111.				
President // (Tule)	All sections of this form must be filled out completely for allow- able on new and recompleted wells.				
September 18, 1986	mut any anity sections to the III and VI for changes of owner,				
(Date)	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply				
Separate Forma C-104 must be filed for each pool in multiple completed wells.					

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## IV. COMPLETION DATA

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	(11)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res'y.	
Designate Type of Completio	$n \rightarrow (X)$			x				t.	•	
Dote Spudded	Date Compl	. Ready to F	Prod.	Total Depti	) )		P.B.T.D.		<b>k</b>	
2-28-86	5-20-86			11,392'			1 11	11,356'		
Elovations (DF, RKB, RT, GR, etc.)	Name of Producing Formation 7 Delaware Sandstone			Top Oll/Gas Pay			and the second se	Tubing Depth		
3860' RKB - 3842' GR				7334'	7334'			7449'		
Perforations	•						Depth Casir	g Shoe	••••••••••••••••••••••••••••••••••••••	
7337', 7338', 7339', 73	44', 734	46 <b>',</b> 734	47 <b>', 7</b> 349	', 7355'	, 8 hole	s 1 JSPF	11,	391'		
÷		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D				
HOLE SIZE	CASI	IG & TUBI	NG SIZE	DEPTH SET		SACKS CEMENT		ίT.		
17-7/8"	13-3/8	' 54.5#	J55	381' 420 sx.Cl		lass C Circ.85 sx				
	8-5/8	'24# &	32 <b>∦</b> J-55		293	31'	1165 Lit	e 150 C1	ass C	
7-7/8"	5-1/2	' 17∦ N-	-80		1139	)1'		cir	c.110 sx	
	2-7/8	' 6.4# N	N-80		744	91	1			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to ar exceed top allow OIL WELL able for this depth or be for full 24 houre)

Date First New Oil Run To Tanke	Date of Test	Producing Mathod (Flow, pr	Producing Method (Flow, pump, gas lift, etc.)		
8-1-86	9-1-86	pumping			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hrs.	N.A.	20#	2 "		
Actual Prod. During Test	Oil-Bhis.	Water-Bbis.	Gas - MCF		
30 BF	10	20	<u>0</u>		

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Teeting Method (picot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-im)	Choke Size

Murphy Operating Corporation South Corbin Federal #1 Lea County, N.M.

## STATE OF NEW MEXICO DEVIATION REPORT

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	D Df SVX31 10
STATE OF TEXAS 1	By: Ray Peterson
COUNTY OF MIDLAND 1	
The foregoing instrument was acknowledg April , 1986, by <u>Ray Peterson</u>	on behalt gr
Peterson Drilling Company	licekeel

My Commission expires: 8/2/88

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Notary Public for Midland County, Texas