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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Enc. J., Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

							Well A	PI No.			
Openior Murchison Oil and Gas, Inc.							30-025-27223				
Advace							d				
1445 Ross Avenue, Su	ite 530	00, LB	152,	Dallas	, TX 75	202-2733	·	<del>-</del>			
Reason(s) for Filing (Check proper box)			T	den afi	☐ Othe	я (Please expla	un)				
lew Well	O''	Change in	Transpor				•				
Recompletion $\square$	Oil Casinghea	·		sate X							
change in Operator   change of operator give name	Casingina										
ad address of previous operator											
L DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Include					ng Formation			Kind of Lease		Lease No.	
Jackson Unit 1 Johnson R						fcamp	(State,)	State, Federal or Fee		4138	
Location	1	980		No	orth	e and1980	) 5-	et From The	East	Line	
Unit Letter G	_ :	900	Feet Fr	om The	Lin	e and	_				
Section 22 Townsh	ip 24:	S	Range	33E	, N	MPM,	Lea	<u> </u>		County	
II. DESIGNATION OF TRAN	JSPARTF	R OF O	II. AN	D NATUI	RAL GAS						
Name of Authorized Transporter of Oil		or Conden	sate	$\overline{\mathbf{x}}$	Address (Gn	e address to wh	ich approved	copy of this for	orm is to be se	nt) 7522/	
Pride Pipeline Comp			·			ord Road					
Name of Authorized Transporter of Casinghead Gas or Dry Gar					Address (Give address to which approved P.O. Box 2521, Houston						
Transwestern Pipeli	-	Sec	Twp. Rge.			y connected?		When ?			
If well produces oil or liquids, give location of tanks.	Unit   G	Sec. 22	Twp. 24	1 33	Yes	-	,	04/30/85	5		
f this production is commingled with that					ing order num	iber:					
V. COMPLETION DATA								1 m = :	In-	District	
Designate Type of Completion	- (X)	Oil Well	1   (	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
					Ton Oil/Gee	Pav		Tuhing Death			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					1, ,,			Depth Casi	ng Shoe		
					CALLY SELVE	NIC DECOR	D.	1			
TUBING, CASING AND					DEPTH SET			SACKS CEMENT			
HOLE SIZE	SING & T	SING & TUBING SIZE			DEFINGE						
					<del> </del>						
	<del></del>										
	<del></del>										
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE				amakla Kandl	io donek an k-	for full 24 has	ers )	
OIL WELL (Test must be after	recovery of	otal volume	of load	oil and musi	Droducing L	r exceed top all Method (Flow, p	owable for th ump, eas lift.	u aepin or be elc.)	jor jun 24 noi	- 3.7	
Date First New Oil Run To Tank	Date of T	est			Frommering N	zoulou (1.10m, p	T. 1 0 13*1	,			
Length of Test	Tubing P	Tubing Pressure				Casing Pressure			Choke Size		
		· ·				Water - Bbls.			Gas- MCF		
ctual Prod. During Test Oil - Bbls.					water - Bbl	<b>b.</b>					
	L										
GAS WELL Actual Prod. Test - MCF/D Length of Test						Bbis. Condensate/MMCF			Gravity of Condensate		
WOUNT LION 1001 - MICTAD							O also Simon				
Testing Method (pilot, back pr.)	Tubing P	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFI	CATE O	F COM	PLIA	NCE		OIL CO	NSERV	'ATION	DIVISION	NC	
I hereby certify that the rules and res	ulations of th	ie Oil Cons	ervation								
Division have been complied with an is true and complete to the best of m	y knowledge	and belief.	TON BOO	•	Det	te Approv	ed	\ <u>!                                   </u>			
	-1					o rippiovi					
Muchael Julia	Kelle				Bv	ORGEA	LWGRM.	BY AKRRY :	SEXTON		
Signature Michael S. Daughe	rtv./Pr	oducti	on Ma	nager		ij.	31.8 TH 1.5	A VISO	à		
Printed Name			Title		Titl	e					
09/26/91	(	214) 9.	<u>53-14</u>	14							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.