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

State of New Mexico F ;y, Minerals and Natural Resources Departme 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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.		TO TRAI	NSPORT	OIL	AND NA	TURAL (AF	S				
Operator							<u> </u>		API No.			
Murchison Oil &			30-025-27223									
Address	_										····	
717 N. Harwood (Reason(s) for Filing (Check proper box)	Street,	Suite :	2500, Lo	<u>ck</u>	Box 86,	<u>Dallas</u>	•	<u>[exas]</u>	75201			
New Well		Change in	Transporter of:			her (Please ex	plau	n)				
Recompletion	Oil		Dry Gas									
Change in Operator 🔀	Casinghead		Condensate									
If change of operator give name and address of previous operator Mes	sa Opera	ting L:	imited P	art	nershir	P. O.	R	ox 2009) Amari	110 TV	70100	
						, 11 01		3x 200.	, Amarr	110, 17	79109	
II. DESCRIPTION OF WELL Lease Name	AND LEA							· -				
	Well No. Pool Name, Includi				- I			of Lease Federal or Fe	(Lease No.		
	1 Johnson i				anch worreamp				tate)	LG LG	4138	
Unit Letter G	Unit Letter G : 1980 Feet From The No.						orth 1980					
Oint Leact	- :		rect from The	c	Li	ne and		F	ect From The		Line	
Section 22 Townsh	in 24S		Range 3	3E	۸,	MPM.	LEA	A			Country	
								· · · · · · · · · · · · · · · · · · ·			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OT	L AND NA	TU	RAL GAS	SCUI	RLO	CK PERMI	AN CORP EF	F 9-1-91		
		or Condens	ale x		Address (Gi	ive address to	while 2	Houst	copy of this	form is to be s	ens)	
Permian Corporation Name of Authorized Transporter of Casin	 	P. O. Box 1183, Houston, TX 77001										
						Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	ranswestern Pipeline Co. produces oil or liquids, Unit Sec. Twp. Rge.					P. O. Box 2521, Houst						
give location of tanks,	G	22	24	33		es		Wher	4/30/	85		
If this production is commingled with that	from any other				ing order nun	nber:		L				
IV. COMPLETION DATA												
Designate Type of Completion	σ ν	Oil Well	Gas We	:11	New Well	Workover		Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		<u></u>			1	<u></u>	丄		<u></u>	<u> </u>	Ĺ.	
Date Spooler	Date Comp	Date Compl. Ready to Prod.			Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			ļ				
Traine of Frontiering Politication									Tubing Depth			
Perforations									Derth Casi	Depth Casing Shoe		
									Depair Casi	ng Shoc		
	TUBING, CASING AND				CEMENTING RECORD				- '			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT		
									_			
								·······				
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE		1							
OIL WELL (Test must be after				must	be equal to o	exceed top a	allou	vable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank		Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	O'2 Phil-				77.			0.00				
Actual Flor. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF			
CACTURE	1				L							
GAS WELL Actual Prod. Test - MCF/D	lanet -Ch	`act		····	Inui o							
TOW TOW TOWN	Length of Test				Bbls. Condensate/MMCF				Gravity of	Gravity of Condensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
					(out in)							
VI. OPERATOR CERTIFIC	'ATF OF	COMPI	IANCE		1							
I hereby certify that the rules and regu						OIL CC	N:	SERV	ATION	DIVISI	244	
Division have been complied with and that the information given above						ZELY X 1968						
is true and complete to the best of my	knowledge an	d belief.			Date	e Approv	/erl	1.	-			
Washaud Illinhater						• •					N	
Signature Signature					By DISTRICT I SUPERVISOR							
Michael S. Daugherty, Production Engineer					-, -			DISTRI	CT 1 SUPER	T17VA		
Printed Name	/		Title		Title	9						
7/18/E9	(2	(14) 95	3-1414 hone No.									
		rereb	NOW IN.		H							

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.

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