

REQUEST FOR ALLOWABLE
AND

Supersedes OIA C-104 and C-111
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

STATE		
FEDERAL		
U.S.		
OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
ANADARKO PRODUCTION COMPANY

Address
P. O. BOX 67, Loco Hills, New Mexico 88255

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Completion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain):

If change of ownership give name and address of previous owner:
MURPHY MINERALS CORPORATION, P.O. Box 2164, Roswell, NM 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No./Permit No./Production No.	Kind of Lease	Lease No.
Taylor	3 Maljamar Grayburg S.A.	State, Federal or Fee	Fee
Location	Unit Letter	Feet From The	Feet From The
	N 330	S 1585	W
Line of Section	Township	Range	County
30	16S	32E	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	N	30	16	32	No	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Completed	Oil Well	New Well	Workover	Deepen	Plug Back	Some Restv.	Diff. Restv.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, F.A.B., RT, GR, etc.)	Name of Producing Formation	Top of Gas Key	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bar. Oil - Rate / MCF	Gravity of Condensate
Testing Method (shut-in, back pt.)	Tubing Pressure (shut-in)	Bar. Pressure (shut-in)	Chore Size

VI. CERTIFICATE OF COMPLIANCE

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

MURPHY MINERALS CORPORATION

Bert H. Murphy (Signature)
Bert H. Murphy (Title) **President**

3/1/81 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *Les Collins*
Oil & Gas Insp.

TITLE _____

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.