

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

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SALES FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

Operator  
**MURPHY MINERALS CORPORATION**

Address  
**P.O. Drawer 2164 Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change is effective February 1, 1976
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>		

If change of ownership give name and address of previous owner  
**VEGA PETROLEUM CORPORATION, P.O. Box 2383, Midland, Texas 79701**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Tract #17</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Caprock Queen (Lea)</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-108</b>
Location Unit Letter <b>D</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b>				
Line of Section <b>6</b> Township <b>13S</b> Range <b>32E</b> , NMPM, <b>Lea</b> 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"/> <b>NAVAJO REFINING COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>No. Freeman Ave., Artesia, New Mex. 88210</b>			
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)			
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>6</b>	Twp. <b>13S</b>	Rge. <b>32E</b>
	Is gas actually connected?		When	
	<b>No</b>			

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Test	Drill. Interval
Date Spudded	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			Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(Test must be after recovery of total volume of lead 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.)	
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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke 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.

*Ronald L. Sutton*  
 (Signature)  
**Agent**  
 (Title)

(Date)

OIL CONSERVATION COMMISSION

**MAR 18 1976**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY \_\_\_\_\_  
 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 available tests taken on the well in accordance with RULE 1111.  
 All sections of this form must be filled out completely for allowable or natural gas completed wells.  
 Fill out only Sections I, II, III, and VI for change of company, well name or number, or transporter, or other such change of condition.