

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-1
 Effective 1-1-65

RECEIVED BY
 AUG 31 1983
 O. C. D.
 ARTESIA, OFFICE

SALE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S. GEOLOGICAL SURVEY	<input type="checkbox"/>
LAND	<input type="checkbox"/>
TRANSPORT	<input type="checkbox"/>
OPERATING	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

Operator: **MURPHY OPERATING CORPORATION**
 Address: **P. O. Drawer 2648, Roswell Petroleum Building, Roswell, New Mexico 88201**

Reasons for this request (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>	Change of operator only, effective 9/1/83
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Change of ownership give name and address of previous owner: **Boyd Operating Company, P. O. Box 1756, Roswell, NM 88201**

DESCRIPTION OF WELL AND LEASE

Well No. 3	Pool Name, including Formation Artesia, Queen, Gbr. SA	Kind of Lease State	Lease No. B11594-3
State N		State, Federal or Free State	
Location	Unit Letter F ; 1980 Feet From The N Line and 1980 Feet From The W	Line of Section 14 Township 18S Range 28E , NMCM , Rddy County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Injection well	
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 this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	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.					
Elevations (DF, REB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

POLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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.	Gra-MCF

GAS WELL

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

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 OPERATING CORPORATION

A. J. Murphy

OIL CONSERVATION COMMISSION
 AUG 31 1983

APPROVED _____, 19____
 Original Signed By
Leslie A. Clements
 Supervisor District II

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 portions of this form must be filled out completely for allowable to be determined.