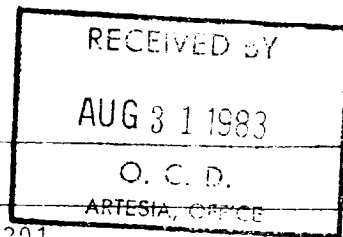


RECEIVED
SECTION
OIL
GAS
OPERATION
PROPERTY OFFICE

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

Form O-104
Supersedes O-102 and O-11
Effective 1-1-83



MURPHY OPERATING CORPORATION
Address: P. O. Drawer 2648, Roswell Petroleum Building, Roswell, New Mexico 88201
County: ☐ Change in Transporter of:
Oil ☐ Dry Gas ☐ Change of operator only,
Casinghead Gas ☐ Condensate ☐ effective 9/1/83

If change of ownership give name and address of previous owner: Royd Operating Company, P. O. Box 1756, Roswell, NM 88201

DESCRIPTION OF WELL AND LEASE

Lease Name Carper Johnson A	Well No. 2	Pool Name, including Formation Gbr. Jackson, Queen Gbr SA	Kind of Lease State, Federal or Fee Federal	Lease No. LC029438
Location Unit Letter: H 1980 Feet From The N Line and 660 Feet From The East Line of Section: 35 Township: 16S Range: 31E, NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Co., Pipeline Div.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ None	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 H	Sec. 35	Twp. 16	Rge. 31	Is gas actually condensed? No	When

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

COMPLETION DATA

Designate Type of Completion - (X)	On Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevation (FE, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load 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
Action From During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Action From Test-MCF/D	Length of Test	Estb. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, 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

APPROVED AUG 31 1983
Original Signed By
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 sections of this form must be filled out completely for allowable, even if not applicable.

This form is to be filed in compliance with RULE 1104.