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

Form C-104
Supersedes OIL C-103 and C-110
Effective 1-1-65

AUG 2 1976

Operator **BOYD OPERATING COMPANY** **O. C. C. ARTESIA, OFFICE**

Address **Petroleum Building - Tower Suite, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change of Operator Only. Effective 8/1/76.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner **Murphy Minerals Corporation, P. O. Box 2164, Roswell, NM**

Lease Name Brinson State	Well No. 3	Pool Name, including Formation Gbr Jackson, Queen Gbr SA	Kind of Lease State, Federal or Fee State	Lease No. B-161-3
Location Unit Letter G , 1650 Feet From The N Line and 2310 Feet From The E Line of Section 36 Township 16S Range 31E , NMPM , Eddy County				

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 B	Sec. 36	Twp. 16 Rge. 31
Is gas actually connected?		When	
No			

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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			

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 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
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. (ORIG. SGD.) TOM BOYD T. M. Boyd (Signature) President (Title) 7/28/76 (Date)	OIL CONSERVATION COMMISSION AUG 5 1976 APPROVED _____, 19____ BY L. G. Grant TITLE SUPERVISOR, DISTRICT II 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.
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