

OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORITY TO TRANSPORT OIL AND NATURAL GAS

Form O-50
Supersedes O-101 and O-11
Effective 1/1/75

WELL NO.	
DISTRICT	
BLANKET	
FILE	
S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION	
OWNER	
MURPHY OPERATING CORPORATION	<input checked="" type="checkbox"/>

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

Address: P. O. Drawer 2648, Roswell Petroleum Building, Roswell, New Mexico 88201

Change in Production (check proper box)	Change in Treatment (check)	Other (Please explain)
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change of operator only, effective 9/1/83
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE			
Well No.	Pool Name, including Pool Area	Kind of Lease	Lease No.
6	Gbr. Jackson, Queen Gbr SA	State, Federal or Fee Federal	LC056302A
Unit Letter: M	660 Feet From The S Line and 660 Feet From The W		
Line of Section: 35	Township: 16S	Range: 31E	County: Eddy, N.M.P.M.

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 Refining Co., Pipeline Div.	P. O. Box 159, Artesia, NM 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	
Well production or history, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	P 35 16 31 No

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.							
Conditions (RF, LAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth							
Corrections	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 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 (Blow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Pressure at Shut-In Test	Oil-Bble.	Water-Bble.	Gas-MCF

Handwritten: Approved 8/31/83
CJG DP

GAS WELL			
Length of Test	Length of Test	Rate, Condensate/MCF	Gravity of Condensate
Producing Method (Blow, back prod)	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 herein 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 production tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable to be considered complete.