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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 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) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Other (Please explain) Change of Operator Only. Effective 8/1/76.

If change of ownership give name and address of previous owner **Murphy Minerals Corporation, Box 2164, Roswell, New Mexico 88201**

I. DESCRIPTION OF WELL AND LEASE	
Lease Name State C	Well No. 2
Pool Name, Including Formation Artesia Queen Gbg SA	
Kind of Lease State, Federal or Fee	Lease No. State E-1287-3
Location Unit Letter D ; 990 Feet From The N Line and 990 Feet From The W	
Line of Section 13 Township 18S Range 28E , NMPM, Eddy County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, New Mexico 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)
If well produces oil or liquids, give location of tanks.	Unit A Sec. 14 Twp. 18S Rge. 28E
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB 89**

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Sand Res't. <input type="checkbox"/> Diff. Res't. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	

VI. 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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Water-Bbls.
	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, 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	AUG 5 1976
T. M. Boyd	APPROVED
President	BY W. A. Gressett
7/28/76	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.
	Separate Forms C-104 must be filed for each pool in multiply