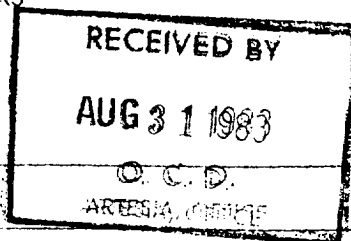


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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes 1961 C-104 and C-11
Effective 1-1-65



MURPHY OPERATING CORPORATION

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

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Work Completion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of operator only,
effective 9/1/83

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

DESCRIPTION OF WELL AND LEASE

Well No.	2	Pool Name, Including Formation	Artesia, Queen, Gbr. SA	Kind of Lease	State, Federal or Fee State	Lease No.	E-1287-3
Section	D	990	N	990	W		
Unit Letter							
Line of Section	13	Township	18S	Range	28E	County	Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	14	18S	28E	No	

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

CT B 89

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.					
Locations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Remarks			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
Perfor. From, During Test	Oil-Bbls.	Water-Bbls.	Gaa-MCF

Test Well	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Perfor. From, Test-MCF/D			
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 is true and complete to the best of my knowledge and belief.

MURPHY OPERATING CORPORATION

A. J. Murphy

President

1983

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 1101.

All sections of this form must be filled out completely for allowable to be considered complete.

For validity, this form must be filed with the Commission, well name or number, or transportation order as a change of condition.