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

Form C-101
Supersedes Old C-101 and C-111
Effective 1-1-65

RECEIVED BY

AUG 31 1983

O. C. D.

ARTESIA, OFFICE

Operator
MURPHY OPERATING CORPORATION ✓

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Change of operator only,
effective 9/1/83

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

DESCRIPTION OF WELL AND LEASE

Lease Name State P	Well No. 16	Pool Name, including Formation Artesia, Queen, Gbr. SA	Kind of Lease State, Federal or Fee State	Lease No. B11594-3
Location Unit Letter E 1980 Feet From The Line of Section 13 Township 18S Range 28E	N	660 Feet From The W Eddy County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co.	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 ☐ or Dry Gas ☐	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

CT B 89

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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DE, FRB, 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
Actual Flow During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

Actual Flow 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

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
President

OIL CONSERVATION COMMISSION

AUG 31 1983

APPROVED _____, 19

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable and recompleting wells.

Fill out only Sections 1, 2, 3, 4, and 5 for all wells of any well name or number, or transporter, unless the type of completion.