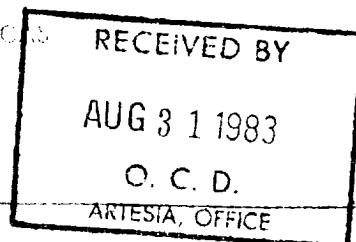


|            |  |  |
|------------|--|--|
| WATER      |  |  |
| WELL       |  |  |
| DRUGS      |  |  |
| LAND       |  |  |
| TRANSPORT  |  |  |
| OPERATION  |  |  |
| PRODUCTION |  |  |
| PRICE      |  |  |

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

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65



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 Transportation ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐ Change of operator only, effective 9/1/83  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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      | Well No. | Pool Name, including Formation | Kind of Lease                | Lease No.                  |
| State A         | 1        | Artesia, Queen, Chr. SA        | State, Federal or Free State | B6474-9                    |
| Location        |          |                                |                              |                            |
| Unit Letter     | D        | 660 Feet From The              | N                            | Line and 660 Feet From The |
| Line of Section | 14       | Township                       | 18S                          | Range                      |
|                 |          |                                | 28E                          | N.M.P.M., Eddy County      |

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 Crude Oil Purchasing Co.                                                                                  | P. O. Box 175, 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                                                                                                             |                                                                          |      |      |      |                            |      |
| If well produces oil or liquids, give location of tanks.                                                         | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|                                                                                                                  | A                                                                        | 14   | 18   | 28   | No                         |      |

If this 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'tv. | Diff. Res'tv. |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |              |               |
| Elevations (DF, EAB, 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 lead oil and must be equal to corrected top allowance for this depth or be for full 24 hours)

|                                 |                 |                                                 |            |
|---------------------------------|-----------------|-------------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Piston, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                                 | Choke Size |
| Actual First Oiling Test        | Oil-Bble.       | Water-Bble.                                     | Gas-MCF    |

GAS WELL

|                                   |                           |                           |                       |
|-----------------------------------|---------------------------|---------------------------|-----------------------|
| APPROVED Test-MCF/D               | Length of Test            | Bble. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (Piston, 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\_\_

BY Leslie A. Clements  
Original Signed By  
Superintendent 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 111.

All sections of this form must be filled out completely for allowable on newly drilled or deepened wells.

All sections of this form must be filled out completely for allowable on newly drilled or deepened wells.