

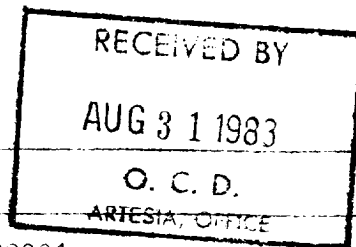
NEW MEXICO OIL CONSERVATION COMMISSION
REGULATIONS FOR ALLOWABLE
AND
AUTHORIZATION FOR TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED
SUPERVISOR'S SIGNATURE
EFFECTIVE DATE

OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
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MURPHY OPERATING CORPORATION
Address
P. O. Drawer 2648, Roswell Petroleum Building, Roswell, New Mexico 88201

Produce(s) from (Check proper box)
Oil ☐ Gas ☐ Change in Transporter of 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 Title
State A
Well No. 2
Pool Name, including Formation Artesia, Queen, Chr. SA
Kind of Lease State, Federal or Fee State
Lease No. R6474-9
Location
Unit Letter C
660 Feet From The N Line and 1930 Feet From The W
Line of Section 14 Township 18S Range 28E, N.M.S.M., 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)
P. O. Box 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None
Address (Give address to which approved copy of this form is to be sent)
None

Is gas actually contacted? When
No

Unit Sec. Twp. Rge.
A 14 18S 28E

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 Resrv. Diff. Resrv.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (OF, EKB, 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)

Oil Well
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
Action From During Test Oil-Bbls. Water-Bbls. Gas-MCF

Gas Well
Action From Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Leaking Valve (Y, N, not, 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
Supervisor District II
OIL CONSERVATION COMMISSION
AUG 31 1983
APPROVED
Original Signed By
Leslie A. Clements
Supervisor District II
BY
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 wells.
This form is to be filed in compliance with RULE 1104.