NO. OF CHPIES RECEIVED 3 DISTRIBUTION -			Form C-104 Supervedes Old C-104 and C-110
FILE /	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURA COST V C D		
LAND OFFICE	AUTHORIZATION TO TRAP	OF ONE AND TANGENERO	
TRANSPORTER GAS		AUG	2 1976
OPERATOR PROBATION OFFICE		Ο.	C. C.
Operator BOYD OPERATING COMPA	NY	ARTES	a, office
Adding a	Tower Suite, Roswell	l¦ New Mexico 88201	······
Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry Cas Casinghead Gas Condens	Effective 8/1	
	urphy Minerals Corpo		Roswell, N. M. 88201
DESCRIPTION OF WELL AND I	EASE   Well No.   Pool Name, including For	inction Kind of Lease	Lease No.
State C	5 Artesia Queen		or Fee State E-1287-3
Location Unit Letter B ; 330	Feet From The N_Line	and 2310 Feet From 7	The
Line of Section 14 Tow	nship 18S Range 28	8E , ммрм, Ed	dy County
DESIGNATION OF TEANSPORT Name of Authorized Transporter of Off INJECTION WELL Name of Authorized Transporter of Cas		S Address (Give address to which approv Address (Give address to which approv	
lf well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	is gas actually connected?	n.
COMPLETION DATA	h that from any other lease or pool, f	tive commingling order number:	Plug Book Some Resty, Diff. Resty,
Designate Type of Completio	· · · · · · · · · · · · · · · · · · ·		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth
Perforations	L		Depth Casing Sho+
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEFINGET	
. TEST DATA AND REQUEST F OIL WELL	able for this dej	ter recovery of total volume of load off pth or be for full 24 hours) Producting Method (Flow, pump, gas li	and must be equal to or expeed top allows
Date First New Oil Run To Tanks	Date of Test	productný Method ( <i>ctow, pump, gas s</i> .	
Length of Test	Tubing Prensure	Casing Prossure	Choke Size
Actual Prod. During Test	Oil-Bbla.	Water-Bbla.	Gas-MOF
GAS WELL Actual Prol. Test-MCF/D	Longth of Test	Bbls, Condenacte/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-An)	Casing Pressure (Chut-in)	Choko Sizo
I. CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information gives		APPROVED AUG 5 19	ressett
above is true and complete to th	s best of my knowledge and belief.		
(ORIG. SGD.) TOM BOYD			compliance with RULE 1104.
T. M. Boyd (Signature)		If this is a request for allo	wable for a nawly drilled or deepened anied by a tabulation of the deviation
President (Titla)			a.t be filled out completely for ellow-
7/28/76	ate)	Fill out only Sections I. I well name or number, or transpo.	II, III, and VI for changes of owner, rts; or other such change of condition.
112	··· •		st be filled for each pool in multiply

NO. OF CUPIES RECEIVED	· · · · · · · · · · · · · · · · · · ·	<b>.</b>	
DISTRIBUTION ·	NEW MEXICO OIL CONSERVATION COMM DN Form C-104 REQUEST FOR ALLOWABLE Supervised on Old C-104 and C-110		
FILE /	AND AUTHORIZATION TO TRANSPORT OIL AND NARUSA COEST V C D		
LAND OFFICE	AUTHORIZATION TO TRAN	SPURT OIL AND NARDIALIS	
TRANSPORTER OIL		AUG	2 1976
OPERATOR			
PRORATION OFFICE		ARTESI	C. C. A, CFFICE
BOYD OPERATING COMPA	NY /	۰ ــــــــــــــــــــــــــــــــــــ	<b>_</b>
Petroleum Building -	• Tower Suite, Roswell	,	
Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please cxplain)	
Recompletion	Oil Dry Gas	Fil Effective 8/1	
Change in Ownership	Casinghead Gas Condens		
If change of ownership give name M and address of previous owner	Murphy Minerals Corpo:	ration, P.O. Box 2164,	Roswell, N. M. 88201
DESCRIPTION OF WELL AND B	LEASE		·
Lease Name State C	Well No. Pool Name, Including For 5 Artesia Queen	mation Kind of Lease State, Federal	crFce State E-1287-3
Location			
Unit Letter B ; 330	Feet From The N_Line	and 2310 Feet From 7	The
Line of Section 14 Tow	unship 18S Range 2	8E , NMPM, Ed	dy County
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL DAS	3	
Name of Authorized Transporter of Oll	or Condensate	Address (Give address to which approv	red copy of this form is to be sent)
INJECTION WELL	inghead Gas 📋 or Dry Gas 🛄	Address (Give address to which approv	ed copy of this form is to be sent)
	Unit Sec. Twp, Rge.	Is gus actually connected? What	n
If well produces oil or liquids, give location of tanks.			
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g	give commingling order number:	
Designate Type of Completic	on - (X)   Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations			Depth Casing Sho <del>o</del>
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAUNS CEMENT
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af able for this de	fer recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-
OIL WELL Date First New Oll Run To Tanks	Date of Tost	Producing Mathod (Flow, pump, gas li	ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
the transformer Direct	O:1-Bb!	Water-Bblə.	Gas-MCF
Actual Prod. During Teat	011-120-29		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condenacte/MMCF	Gravity of Cond⊕neate
Testing Mathod (pitot, back pr.)	Tubing Pressure (Saut-19)	Casing Pressure (Shut-in)	Choka Siza
. CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED AUG 5 1976	
Commission have been complied above is true and complete to th	with and that the information given a best of my knowledge and belief.	BY_ Well A	resset
		TITLE SUPERVISOR, DL	STRICT U
(ORIG. SGD.) TOM BOYD			compliance with RULE 1104. vable for a newly drilled or deepened
	nature)	If this is a request for allow well, this form must be accompa- tosts taken on the well in acco	inled by a tabulation of the deviation
President	it!\$)		ast be filled out completely for allow-
7/28/76		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.	
(D	ate)	Separate Forms C-104 mus	it by filed for each pool in multiply
		b completed Walls.	