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

Form C-104
Supersedes OMI C-104 and C-110
Effective 1-1-65

RECEIVED
AUG 2 1976
O. C. C.
ARTESIA, OFFICE

Operator
BOYD OPERATING COMPANY

Address
Petroleum Building - Tower Suite, 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 8/1/76.

If change of ownership give name and address of previous owner
Murphy Minerals Corporation, P.O. Box 2164, Roswell, N. M. 88201

DESCRIPTION OF WELL AND LEASE

Lease Name State C	Well No. 5	Pool Name, including Formation Artesia Queen Gbg S.A.	Kind of Lease State, Federal or Fee	State	Lease No. E-1287-3
Location Unit Letter B ; 330 Feet From The N Line and 2310 Feet From The E Line of Section 14 Township 18S Range 28E, NMPM, Eddy County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> INJECTION WELL	Address (Give address to which approved copy of this form is to be sent)					
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)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, 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 OIL WELL

(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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. 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.

(ORIG. SGD.) TOM BOYD

T. M. Boyd
President
7/28/76
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 5 1976

BY W. A. Gessert

TITLE SUPERVISOR, DISTRICT II

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 new and recompleted wells.
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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OIL

GAS

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PRORATION OFFICE

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ON

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AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Effective 1-1-65

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Recompletion

Oil

Change in Ownership

Dry Gas

Condensate

Other (Please explain)

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State C

Well No.

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Kind of Lease

State, Federal or Fee

State

Lease No.

E-1287-3

Location

Unit Letter

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N

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Line of Section

14

Township

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Range

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Water-Bbls.

Gas-MCF

GAS WELL

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W. A. Gressett

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