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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

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AUG 2 1976

Operator BOYD OPERATING COMPANY		O. C. C. ARTESIA, OFFICE	
Address Petroleum Building-Tower Suite, Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change of Operator Only, Effective 8/1/76.	
Recompletion	<input type="checkbox"/>		
Change in Ownership	<input type="checkbox"/>		
Change in Transporter of:			
Oil		<input type="checkbox"/>	Dry Gas
Casinghead Gas		<input type="checkbox"/>	Condensate

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

DESCRIPTION OF WELL AND LEASE			
Lease Name State C	Well No. 8	Pool Name, Including Formation Artesia Queen Gbg SA	Kind of Lease State, Federal or Fee State
Location		Lease No. E-1287-3	
Unit Letter H		Feet From The 1650	
Line and N		Feet From The 990	
Line of Section 14		Township 18S	
Range 28E		County Eddy	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
or Condensate	<input type="checkbox"/>	175 Artesia New Mexico	
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
or Dry Gas	<input type="checkbox"/>		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 14	Twp. 18
		Rge. 28	Is gas actually connected? no
			When

If this production is commingled with that from any other lease or pool, give commingling order number: CTB 89

COMPLETION DATA			
Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DE, 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	(Signature)
President	(Title)
7/28/76	(Date)

OIL CONSERVATION COMMISSION	
APPROVED	AUG 5 1976
BY	W. A. Gressett
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	