

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104
SANTA FE		REQUEST FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE		AND	Effective 1-1-65
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

RECEIVED

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.
Recompletion <input type="checkbox"/>	Effective 8/1/76.
Change in Ownership <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE			
Lease Name State B	Well No. 14	Pool Name, including Formation Artesia Queen Gbr. S.A.	Kind of Lease State, Federal or Fee State
Location N 660 S 1980 W		Lease No. B011594	
Unit Letter 14	Township 18S	Range 28E	County Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
INJECTION WELL			
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, RNB, RT, CR, 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 (plot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED AUG 5 1976	
(ORIG. SGD.) TOM BOYD		BY W. A. Gressett	
T. M. Boyd President 7/28/76		TITLE SUPERVISOR, DISTRICT II	
(Signature)			
(Date)			
		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 allowables 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.	