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

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

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 ☐	Change in Transporter of:	Change of Operator Only. Effective 8/1/76.	
Recompletion ☐	Oil ☐ Dry Gas ☐		
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐		

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		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name Merchon State		3	Artesia, Queen, Gbr. S.A.	State, Federal or Fee State	E-1821
Location					
Unit Letter E	330	Feet From The W	Line and 2310	Feet From The N	
Line of Section 21	Township 18S	Range 28E	NMPM, Eddy	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Co., Pipeline Div.					P. O. Box 159, Artesia, New Mexico	
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)	
If well produces oil or liquids, give location of tanks.					Is gas actually connected?	When
Unit E Sec. 21 Twp. 18 Rge. 28					No	

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (Dr., 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

VI. 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. Grissett	
TITLE SUPERVISOR, DISTRICT II	
This form is to be filed in compliance with RULE 1103.	
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.	