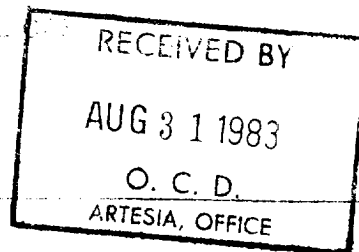


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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes O.C.D. Form C-104
Effective 1-1-83



MURPHY OPERATING CORPORATION

Address
P. O. Drawer 2648, Roswell Petroleum Building, Roswell, New Mexico 88201

Reason(s) for change (check proper box)

New Well ☐ Change in Terms of Lease ☐
Recompletion ☐ Oil ☐ Dry Gas ☐ Change of operator only,
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ effective 9/1/83

If change of ownership give name and address of previous owner
Royd Operating Company, P. O. Box 1756, Roswell, NM 88201

DESCRIPTION OF WELL AND LEASE

Lease No.	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Mershon State	1	Artesia Queen, Gbr. SA	State, Federal or Fee State	E-1821
Location	E 2310	N 990	W	
Unit Letter	21	Feet From The	Line and	Feet From The
Line of Section	21	Township	18S	Range
			28E	NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co., Pipeline Div.	Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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
	21	18	28E			

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 Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (PE, ENB, 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 (piston, 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.

MURPHY OPERATING CORPORATION

A. J. Murphy

President

OIL CONSERVATION COMMISSION

APPROVED AUG 31 1983
Original Signed By
BY Leslie A. Clements
Supervisor District II
TITLE

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 taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable.