NO OF CORES PACETAGO				
RCITUEINTEIG	NEW MEXICO OIL CO		Form C=104 Supersedes Old C=104 and C=110	
SANTA FE	REQUEST F	OR ALLOWABLE	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER OIL	(TA)			
GAS		AUG 2 1976		
PROPATION OFFICE				
BOYD OPERATING CO.	MPANY	ARTESIA, CEFFICE		
Address	g-Tower Suite, Roswel	1 Now Movico 88201		
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well Recompletion	Duy Cos			
Chunge in Ownership	Casinghead Gas Condens	1 1 1		
If change of ownership give name and address of previous owner	Murphy Minerals Cor	poration, P. O. Box 21	L64, Roswell, NM	
DESCRIPTION OF WELL AND I	ARASE Well No. Pool Name, Including Fo	restlon Kind of Lease	Lease No.	
Mershon State	2 Artesia Quee	Chata Codanal o	State E-1821	
Location / D 00	0 N	, 990 Feet Feet Wh	. W	
Į.		and 990 Feet From Th		
Line of Section 21 Tov	mship 18S Range 28	BE , NMPM, Edd	y County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which approve	d copy of this form is to be sent)	
Navajo Refining C	o., Pipeline Div.	Box 159, Artesia, New	Mexico 88210	
Name of Authorized Transporter of Cas	singhead Cas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? When		
give location of tanks.	E 21 18 28 th that from any other lease or pool, a	L		
COMPLETION DATA	Oil Well Gas Well		Plug Back Same Resty. Diff. Hesty.	
Designate Type of Completic	1	Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	rotor Deptii		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CARRING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total valume of loud all a pth or be for full 24 hours)	nd must be equal to or exceed top allow	
OM. WELL. Date First New Oil Run To Yanka	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)	
Length of Test	Tubing Pressure	Cosing Pressure	Choke Size	
	Oil-Bbls.	Water-Dbis.	Gas-MCF	
Actual Prod. During Test	Olf-Buis.			
GAS WYDL				
Actual Food, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of ConJanuate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shub-12)	Cooling Pressure (Shut-in)	Choke Size	
TO STATE OF SOME SAFE	·CT	OIL CONSERVA	TION COMMISSION	
A. CERTIFICATE OF COMPLIANCE		AUG 5 1976		
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.		BY W.a. Gressett		
above is true and complete to the	ne best of my knowledge and belief.	TITLE SUPERVISOR, DIS	TRICT II	
		This form is to be filed in c	compliance with RULE 1104.	
(ORIG. SGD.) TOM BOYD	notice!	If this is a request for allow	able for a newly drilled or deepens uled by a tabulation of the deviation	
T. M. Boyd		tests taken on the well in accer	at b) filled out completely for allow	
	Title)	able on new and recomplered we	Ha.	

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

(Date)

7/28/76