

NEW MEXICO OIL CONSERVATION COMMISSION  
 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

**RECEIVED**

**AUG 2 1976**

**O. C. C.  
 ARTESIA, OFFICE**

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

Operator **BOYD OPERATING COMPANY**

Address **Petroleum Building - Tower Suite, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recombination  Oil  Dry Gas   
 Change in Ownership  Casthead Gas  Condensate   
 Other (Please explain) **Change Of Operator Only, Effective 8/1/76.**

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	<b>State C</b>	<b>11</b>	<b>Artesia Queen Gbg S.A.</b>	State, Federal or Fee	<b>State E-1287-3</b>
Location					
Unit Letter	<b>B</b>	<b>660</b>	Feet From The <b>N</b> Line and <b>1980</b> Feet From The <b>E</b>		
Line of Section	<b>23</b>	Township <b>18S</b>	Range <b>28E</b>	<b>NMPM,</b>	<b>Eddy</b> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
<b>Navajo Crude Oil Purchasing Company</b>	<b>Box 175, Artesia, New Mexico 88210</b>				
Name of Authorized Transporter of Casthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
<b>None</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	<b>A</b>	<b>14</b>	<b>18S</b>	<b>28E</b>	<b>No</b>

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

VII. 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.S.T.D.			
Elevations (DF, 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

VIII. 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

IX. 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)  
 resident (Title)  
 8/76 (Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 5 1976**, 19

BY **W. A. Gussert**

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 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.