

NO. OF COMPLETION		
DISTRICT		
SANTA FE		☒
FILE		☒
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL ☒ GAS ☐	
OPERATOR		☒
PRODUCTION OFFICE		

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

Form O-104
Supersedes Old O-104 and O-11
Effective 1-1-65

RECEIVED BY
AUG 31 1983
O. C. D.
ARTESIA, OFFICE

Operator
MURPHY OPERATING CORPORATION ✓
Address
P. O. Drawer 2648, Roswell Petroleum Building, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of Oil ☐ Dry Gas ☐ Change of operator only, effective 9/1/83
Recompletion ☐ Oil ☐ Castinghead Gas ☐ Condensate ☐
Change in Ownership ☐

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

DESCRIPTION OF WELL AND LEASE

Lease Name State C	Well No. 10	Pool Name, including Formation Artesia, Queen, Chr. SA	Kind of Lease State, Federal or Fee State	Lease No. E-1287-3
Location Unit Letter C ; Feet From The N Line and 1960 Feet From The W Line of Section 23 Township 18S Range 28E, NMEM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Castinghead 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.	Unit A	Sec. 14	Twp. 18S	Rge. 28E	Is gas actually connected? No	When CT B 89

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.	Unit. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DE, RAB, 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 (flow, 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
BY
Original Signed 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 tests taken on the well in accordance with rule 1101.

All portions of this form must be filled out completely for allowable on new and re-completed wells.

Fill out only portions I, II, III, and VI for existing wells, well logs or maps, or a map, or other indication of the well's location.