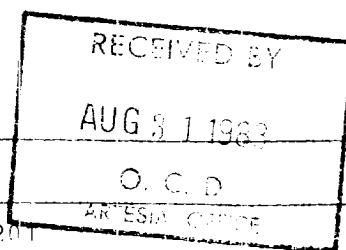


NO. OF CO.	
DIST.	
SANTA FE	☒
FILE	☒
U.S.G.S.	☒
LAND OFFICE	☒
TRANSPORTER	☒
OPERATOR	☒
PRODUCTION OFFICE	☒

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

Form 1104
Supersedes Old 1104 and 1105
Effective 1-1-65



Operator MURPHY OPERATING CORPORATION
Address P. O. Drawer 2648, Roswell Petroleum Building, Roswell, New Mexico 88201
Address (For ☐ (Check proper box) New Well ☐ Change in Time, etc. ☐ 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: Boyd Operating Company, P. O. Box 1755, Roswell, NM 88201

DESCRIPTION OF WELL AND LEASE

Lease No. Rotary State	Well No. 6	Pool Name, including Formation Artesia Queen Gbr. SA	Kind of Lease State, Federal or Fee	State NM	Lease No. 647
Location Unit Letter B 330 Feet From The N Line and 1650 Feet From The E Line of Section 29 Township 18S Range 28E County Eddy					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Co., Pipeline Div.	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210
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. Unit G Sec. 20 Twp. 18 Rge. 28	Is gas actually compressed? No When

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 Res't.	Prod. Res't.
Date Started	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (P.B., R.N.B., R.T., G.P., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD			
POLE 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 lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Time 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
Action Taken During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Action First Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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

President

A. J. Murphy

OIL CONSERVATION COMMISSION

AUG 31 1983

APPROVED _____, 19

Original Signed By
BY Leslie A. Clemens
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, the form must be accompanied by a deviation of the deviation tests taken on the well in accordance with RULE 110.

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