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TRANSPORTER	OIL	
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NEW MEXICO OIL CONSERVATION COMM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT RECOVERED OIL AND GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-55

AUG 5 1976

O. C. C.
ARTESIA, OFFICE

Operator **BOYD OPERATING COMPANY**

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

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

If change of ownership give name and address of previous owner **Murphy Minerals Corporation, P.O. Box 2164, Roswell, NM 88201**

DESCRIPTION OF WELL AND LEASE		Well No.		Pool Name, including Formation		Kind of Lease		Lease No.	
Rotary State		8		Artesia Queen Gbg. SA		State, Federal or Fee State		NM 647	
Location									
Unit Letter J		2650		Feet From The N		Line and 1330		Feet From The E	
Line of Section 20		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)			
WATER INJECTION WELL							
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

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

COMPLETION DATA		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
Designate Type of Completion - (X)																	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.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	

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		Length of Test		Bbls. Condensate/MCF		Gravity of Condensate	
Actual Prod. Test-MCF/D							
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-In)		Casing Pressure (Shut-In)		Choke Size	

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED AUG 5 1976 , 19	
(OPIG. SGD.) TOM BOYD		BY W. A. Gressett	
T. M. Boyd (Signature)		TITLE SUPERVISOR, DISTRICT II	
President (Title)		This form is to be filed in compliance with RULE 1104.	
7/28/76 (Date)		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	