

STATE	NEW MEXICO
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 C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

RECEIVED BY

AUG 31 1983

O. C. D.

ARTESIA OFFICE

MURPHY OPERATING CORPORATION

Address
P. O. Drawer 2648, Roswell Petroleum Building, Roswell, New Mexico 88201

Reason(s) for change (Check proper box)

New Well	☐
Recompletion	☐
Change in Ownership	☐

Change in Transporter of:

Oil	☐	Dry Gas	☐
Casinghead Gas	☐	Condensate	☐

Other (Please explain)

Change of operator only,
effective 9/1/83

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 Rotary State	Well No. 8	Pool Name, including Formation Artesia Queen Gbr. SA	Kind of Lease State, Federal or Fee	State	Lease No. NM 647
Location Unit Letter J	2650	N	1330	E	
Line of Section 20	Township 13S	Range 28E	NMBM,	Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ P & A	Address (Give address to which approved copy of this form is to be sent)		
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 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

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.B.T.D.					
Elevations (DB, LTB, 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 (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 (Pilot, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Action From Shut-in Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Action From Test-MCF/G	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (Shut-in, 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

OIL CONSERVATION COMMISSION

APPROVED
AUG 31 1983

Original Signed By
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 111.

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