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

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

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

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AUG 2 1976

O. C. C.
ARTESIA, OFFICE

Operator BOYD OPERATING COMPANY	
Address Petroleum Building - Tower Suite, Roswell, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of Operator Only. Effective 8/1/76.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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				
Lease Name Vandeventer State	Well No. 2	Pool Name, Including Formation Artesia Queen, Gbr. S.A.	Kind of Lease State, Federal or Fee State	Lease No. E-1821
Location				
Unit Letter B	1310	Feet From The N	Line and 1330	Feet From The East
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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 B	Sec. 20	Twp. 18	Rge. 28
Is gas actually connected?		When		
No				

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 Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DE, RFB, RT, CR, 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			

V. 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

VI. 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 <u>AUG 5 1976</u> , 19	
(ORIG. SGD.) TOM BOYD		BY <u>W. A. Lyness</u>	
T. M. Boyd President		TITLE <u>SUPERVISOR, DISTRICT II</u>	
7/28/76		This form is to be filed in compliance with RULE 1104.	
(Signature)		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.	
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Date)		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	