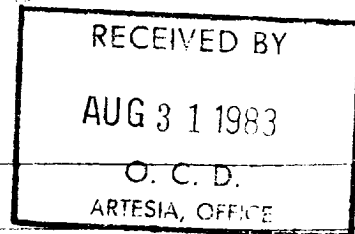


NO. _____	SIVED _____
DATE OF FILING _____	FILED _____
NAME OF OPERATOR _____	LAND _____
TRANSPORTER _____	OIL _____ GAS _____
OPERATION _____	PROBATION OFFICE _____

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

Form C-101
Supersedes OIL C-101 and C-112
Effective 1-1-65



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 ☐
Recompletion ☐	Change of operator only, effective 9/1/83
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

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 Vandeventer State	Well No. 2	Pool Name, including Formation Artesia Queen, Gbr. SA	Kind of Lease State, Federal or Fee State	Lease No. E-1821
Location Unit Letter B Line of Section 20 Township 1310 Range 18S County Eddy	Feet From The N Line and 1330 Feet From The East			

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) P. O. 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 B Sec. 20 Twp. 18 Rge. 28 Is gas actually connected? 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.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, 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.	Gra-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/AMCF	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

AUG 31 1983

APPROVED _____, 19

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 deviated tests taken on the well in accordance with RULE 111.

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

Filed and recorded in the Office of the Oil Conservation Supervisor, District II, at Artesia, New Mexico, this 31st day of August, 1983.