

DISTRIBUTION		37
ANTA FE		1
ILE		1
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

MAY 24 1979

Operator BOYD OPERATING COMPANY ✓		O. C. C. ARTESIA, OFFICE	
Address P. O. Box 1756, Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MURPHY FEDERAL	Well No. #1	Pool Name, Including Formation <i>Barton Flat morrow</i>	Kind of Lease State, Federal or Fee Fed	Lease No. NM 27642
Location Unit Letter <u>O</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>12</u> Township <u>20S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 12	Twp. 20S	Rge. 27E	Is gas actually connected? Yes	When 5-21-79

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 1/18/79	Date Compl. Ready to Prod. 3/3/79		Total Depth 11,100 K.B.		P.B.T.D. 11,028.			
Elevations (DF, RKB, RT, GR, etc.) 3315.9 GL	Name of Producing Formation Morrow		Top Oil/Gas Pay 10,820 K.B.		Tubing Depth 10,839.26			
Perforations 10,879-10,877-2 per ft.					Depth Casing Shoe 11,102.8			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" 48#		585'		630 Sx. Cl. C.			
12 1/4"	8 5/8" 24#		2821		1200 Sx.			
7 7/8"	11 5/8" 4 1/2"		11087.		750 Sx.			
4 1/2" csq.	2 3/8" 4.6#		10849-					

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 3,742 AOF	Length of Test 4 hr	Bbls. Condensate/MMCF Trace	Gravity of Condensate 46.5 API
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 3385	Casing Pressure (shut-in) 0-Packer	Choke Size 8, 10, 11 & 13/64

VI. 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.

J. M. Boyd
(Signature)

Operator
(Title)

5/23/79
(Date)

OIL CONSERVATION COMMISSION

MAY 28 1979

APPROVED _____, 19

BY *W. A. Gussert*

TITLE 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, 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 allowable 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 completed wells.