			<u>- </u>			
NO. OF COPIES RECEIVED						
DISTRIBUTION						
SANTA FE						
FILE						
U.S.G.S.						
LAND OFFICE						
TRANSPORTER	OIL	\coprod				
	GAS	İ.				
OPERATOR						
PRORATION OFFICE						

	SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS	1	ONSERVATION COM FOR ALLOWABLE AND NSPORT OIL AND		Effective	les Old C-104 and C-11		
I.	PRORATION OFFICE Operator							
	Address							
	Reason(s) for filing (Check proper box) Reason(s) for filing (Check proper box)							
	New Well	Change in Transporter of:						
	Change in Ownership	Oil Dry Ga Casinghead Gas Conder	FF I					
	If change of ownership give name and address of previous owner	Murphy Oil Corp., 200	Jefferson Ave.	, El Dorad	lo, ArkeMss	71730		
11.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including F	ormation	Kind of Lease	•	Lease No.		
	Location Nevajo AA	9 North Many Ro	cks Gallup	State, Federa	l or Fee India	<u> </u>		
	Unit Letter ; ; 660	Feet From The South Lin	e and <u>1980</u>	Feet From ?	The kest			
	Line of Section 7 To	wnship 30N Range	177 , NMP	M. Sen Ju	en County	County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address	to which approx	ed copy of this fo	m is to be sent)		
	1		P-0- Box 15			_		
	Shell Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address	to which approv	ed copy of this fo	m is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connec	ted? Whe	en			
	f this production is commingled with that from any other lease or pool, give commingling order number:							
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover	Deepen	Plug Back Sar	ne Restv. Diff, Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	10 - 12 - 63 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
	57581 GL	Lower Gallup	16361		1668 Depth Casing Sh	○e		
	Notched & 1645 and 1645 Tubing, Casing, and Cementing RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH		SACK	CEMENT		
	94	7*	331		10	Sx		
	Kin	41.0	169	78	35	Sx		
v.		AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exce able for this depth or be for full 24 hours)						
	OIL WELL Date First New Cil 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-Bbis.	Water - Bbls.	- A	Gas-MCF			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM		Gravity of Cond	en ate		
		Tubing Pressure (Shut-in)	Casing Pressure (Shy		CON. COM.			
	Testing Method (pitot, back pr.)	I uning Pressure (Shire-In)			D137: 3.			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					TION COMMI	MAY 27 1970		
			TITLE SUPERVISOR DIST. #5					
			This form is to be filed in compliance with RULE 1104.					
	James & 26 and Sign	If this is a request for allowable for a newly drilled or despened 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 allow-						
	owner							
	5-25	isle) - 70	able on new and recompleted wells. Fitt out only Sections I. II. III. and VI for changes of owner,					
		well name or number, or transporter, or other such change of condition.						

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.