

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION OFFICE	
DISTRIBUTION	
SANTA FE	
FILE	
REG. NO.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
REGISTRATION OFFICE	
REG. NO.	

MURPHY OPERATING CORPORATION

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Change of Ownership effective 11-1-84	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

Change of ownership give name and address of previous owner: M R OIL COMPANY, P. O. Box 685, Monahans, Texas 79756

DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Caprock Queen Unit	Well No. 20	Pool Name, Including Formation CAPROCK QUEEN	Kind of Lease State, Federal or Fee Federal	Lease No. S
Location				
Unit Letter A	: 990 Feet From The	East Line and	330 Feet From The	North
Line of Section 21	T. Township 12 South	Range 32 East	NMPM,	Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P. O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks.	Unit P	Sec. 16	Twp. 12-S	Rge. 32-E	Is gas actually connected? no	When
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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.		
Deviations (DF, RKB, 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

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 (flow, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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 (Signature)

President (Title)

January 8, 1985 (Date)

OIL CONSERVATION DIVISION

JAN 16 1985

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

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 deviate 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 conditions.
Separate Form C-104 must be filed for each pool in multiple.

RECEIVED

JAN 14 1985

O.C.E.
HOMES OFFICE