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TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

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

OFFICE O.C.C.
 8 49 AM '68

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

Operator
CAYMAN CORPORATION

Address
P. O. BOX 2099, PALOS VERDES PENINSULA, CALIFORNIA 90274

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Murphy State "B" State** Well No. **2** Pool Name, Including Formation **UNDESIGNATED** Kind of Lease **State, Federal or Fee** Lease No. **OG5791**

Location
 Unit Letter **O** ; **660** Feet From The **SOUTH** Line and **1980** Feet From The **EAST**

Line of Section **7** Township **10S** Range **34E** , NMPM, **LEA** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
PAN AMERICAN PETR. CORP. - TRUCKS **P. O. BOX 1725, MIDLAND, TEXAS**

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
WARREN PETROLEUM CORP. **P. O. BOX 1589, TULSA, OKLAHOMA**

If well produces oil or liquids, give location of tanks. Unit **O** Sec. **7** Twp. **10S** Rge. **34E** Is gas actually connected? **NO** When **30 DAYS**

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 8/21/68	Date Compl. Ready to Prod. 10/4/68		Total Depth 9955'		P.S.T.D. 9896'			
Elevations (DF, RKB, RT, CR, etc.) 4210.8 GR	Name of Producing Formation BOUGH "C"		Top Oil/Gas Pay 9868'		Tubing Depth 9875'			
Perforations 9872' - 9880' WITH TWO JETS PER FOOT					Depth Casing Shoe 9955'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		365		375			
11	8-5/8		3932		350			
7-7/8	5-1/2		9955		300			
	2-3/8		9875					

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)

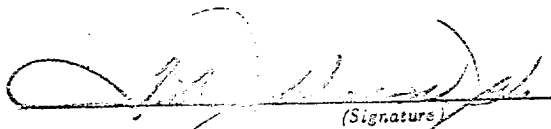
Date First New Oil Run To Tanks 10/4/68	Date of Test 10/7/68	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 300	Casing Pressure PACKER	Choke Size 1/2
Actual Prod. During Test 595	Oil - Bbls. 430	Water - Bbls. 165	Gas - MCF 385

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, pack pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.



 (Signature)

Vice President

(Title)

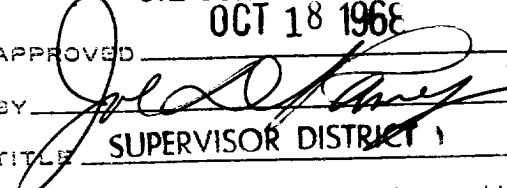
10 October 1968

(Date)

OIL CONSERVATION COMMISSION

OCT 18 1968

APPROVED _____

BY 

 TITLE **SUPERVISOR DISTRICT 1**

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.

