

FILE

G.S.

D OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

1

✓

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

51

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

RECEIVED

JAN 22 1975

O. C. C. ARTESIA, OFFICE

I. Operator

Murphy Minerals Corporation

Box 2164, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

Arwood Ltd., P. O. Box 64548, Dallas, Texas 75206

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Robinson

Well No.

3

Pool Name, Including Formation

Gbr. Jackson, Queen GBR SA

Kind of Lease

State, Federal or Fee

Fed. LC

Lease No.

029492

Location

Unit Letter

0

330

Feet From The

S

Line and

2310

Feet From The

E

Line of Section

25

Township

16 S

Range

31 E

NMPM,

Eddy

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Navajo Refining Co., Pipe Line Div.

Name of Authorized Transporter of Casinghead Gas

Box 159, Artesia, New Mexico 88210

Address (Give address to which approved copy of this form is to be sent)

Box 159, Artesia, New Mexico 88210

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

N

Sec.

25

Twp.

16

Rge.

31

Is gas actually connected?

No

When

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

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.

Elevations (DF, RKB, 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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

Sbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back 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.

T. M. Boyd, Agent

December 31, 1975

OIL CONSERVATION COMMISSION

APPROVED JAN 30 1975

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.