STATE OF NEW MEXICO Y AND MULEPALS DEPARTMENT CULLINIE UTION CULLINIE UTION		ALLOWABLE ND PORT OIL AND NATURAL GAS	
change of ownership give name M R OIL COMPANY, P. O. Box 685, Monahans, Texas 79756 d address of previous owner M R OIL COMPANY, P. O. Box 685, Monahans, Texas 79756			
Caprock Queen Unit	EASE Well No. Pool Name, Including Fo 1 CAPROCK QUEEN		
	O_Feet From The_West_Line	and <u>1650</u> Feet From	The South
Line of Section 16 T. w	nship 12 South Range	32 East , NMPM.	Lea County
Navajo Refining Company	nçhead Gas 📄 or Dry Gas 📄	P. O. Box 159, Artes Address (Give address to which appri-	ia, New Mexico 88210
I well produces oil or liquids, rive location of tanks.	P 16 12-S 32-E	по	
OMPLETION DATA Designate Type of Completion Prete Spudded	Oil Well Gas Well Date Compl. Ready to Prod. Name of Producing Formation	give commingling order number: New Well Workover Deepen Total Depth Top OII/Gas Pay	Plug Back Same Restv. Diff. Rostv. P.B.T.D. Tubing Depth
reforctions		<b>_</b>	Depth Casing Shoe
		CEMENTING RECORD	SACKS CEMENT
	CASING & TUBING SIZE		
EST DATA AND REQUEST FO	R ALLOWABLE (Test must be of oble for this de	fter recovery of total volume of load of pth or be for full 24 hours)	l and must be equal to or exceed top allow
Dete First New Dil Run To Tenks	Date of Test	Producing Mothod (Flow, pump, gas	lijt, etc.)
Length of Test	Tubing Prossule	Casing Pressure	Choke Size
Actual Pred. During Test	Oll-Bbla.	Water-Bbls.	Gas • MCF
		1	
PAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/AMCF	Grovity of Condensate
Traing Mailed (publ, back pr.)	Tubing Pressure (shut-in)	Cosing Pressure (Sbut-in)	Choke Size
ERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION JAN 1.6 1985	
hereby certify that the rules and regulations of the Oli Conservation		APPROVED UPINI I D 1000 19	

## MURPHY OPERATING CORPORATION

Unphy (Signaline) Α. Murphy

•

President

January 8, 1985

(Dole)

(Title)

TITLE .

This form is to be filed in compliance with NULE 1104.

If this is a request for allowable for a newly drilled or deepenrivell, this form must be accompanied by a tabulation of the deviatio, tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for slow-oble on new and secompleted wells.

Fill out only Sections I, II, III, and VI for changes of owners well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiply



