

STATE OF NEW MEXICO
AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MURPHY OPERATING CORPORATION

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

Other (Please explain)

Change of Ownership
effective 11-1-84

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

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	Well No.	Pool Name, Including Formation	Kind of Lease	State	Lease No.
Northeast Caprock Queen Unit	27	CAPROCK QUEEN	State, Federal or Fee		E-1274

Location	Unit Letter	Line of Section	Township	Range	Lea	County
	G	20	12 South	32 East		

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)
Navajo Refining Company	P. O. Box 159, Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	16	12-S	32-E	no	

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

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, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

ROLE 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

Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

STATE 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

A. J. Murphy

President

January 8, 1985

(Title)

(Date)

OIL CONSERVATION DIVISION

JAN 16 1985

APPROVED

ORIGINAL SIGNED BY JERRY SEXTON

BY

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 change of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multi-layered wells.

RECEIVED

JAN 14 1985

11-15
HUMAN RESOURCES