

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
AMT. FE	
FILE	
REG. NO.	
AND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
REGISTRATION OFFICE	

MURPHY OPERATING CORPORATION

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

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of Ownership
effective 11-1-84

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. 23	Pool Name, Including Formation CAPROCK QUEEN	Kind of Lease State, Federal or Fee	State	Lease No. B-9946
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Location
Unit Letter B : 1981 Feet From The East Line and 660 Feet From The North

Line of Section 22 Township 12 South Range 32 East NMPM, Lea County

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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (D.H., 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

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

Actual Prod. Total-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Tubing Pressure (24-hr. test)	Casing Pressure (24-hr. test)	Choke Size	

I, _____, President of the Oil Conservation Division, hereby certify 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 _____

BY _____ ORIGINAL SIGNED BY ARRY GIXTON

TITLE _____ DISTRICT 1 SUPERVISOR

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

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