

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address **MURPHY OPERATING CORPORATION**
P. O. Drawer 2648, Roswell, New Mexico 88201

Person(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Completion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change of Ownership effective 11-1-84

Change of ownership give name **M R OIL COMPANY, P. O. Box 685, Monahans, Texas 79756**
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Northeast	Well No. 26	Pool Name, Including Formation CAPROCK QUEEN	Kind of Lease State, Federal or Fee	State Nebraska	Lease No. -
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Location
Unit Letter **C** ; **1650** Feet From The **West** Line and **330** Feet From The **North** Line
Line of Section **23** 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 ☐
Navajo Refining Company
Address (Give address to which approved copy of this form is to be sent)
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 **P** Sec. **16** Twp. **12-S** Rge. **32-E**
Is gas actually connected? **no** When

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'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

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing Pressure (psig)	Tubing Pressure (psig)	Casing Pressure (psig)	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 here is true and complete to the best of my knowledge and belief.

MURPHY OPERATING CORPORATION

A. J. Murphy
President

January 8, 1985

(Title)

(Date)

OIL CONSERVATION DIVISION
JAN 16 1985

APPROVED _____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
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 deviating 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 multiple.

RECEIVED

JAN 14 1985

HON. CHANCE