

Operator THE MAURICE L. BROWN COMPANY	
Address 9229 WARD PARKWAY, KANSAS CITY, MO 64114	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Re entry of old well.	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name MURPHY STATE	Well No.: # 2	Pool Name, Indicating Formation Inbe-permo-Pennsylvanian	Kind of Lease State, Federal or Free State	Lease No. Y-77
Location Unit Letter J : 2002.5 Feet From The EAST Line and 1976.4 Feet From The SOUTH				
Line of Section 13 Township 10S Range 33E . NMPM. Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation					P.O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum					P.O. Box 1589, Tulsa, Oklahoma 74100	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	13	10S	33E		

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 11-19-79	Date Compl. Ready to Prod. 1-21-80	Total Depth 9910			P.B.T.D. 9868				
Elevations (DF, RKB, RT, CR, etc.) 4188.6 GR	Name of Producing Formation Pennsylvanian	Top Oil/Gas Pay 98 30			Tubing Depth 9868				
Perforations 9834 - 9841					Depth Casing Shoe 9910				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4"	13 3/8	418	400
11"	8 5/8	3965	350
7 7/8"	5 1/2	9910	300

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 2-2-80	Date of Test 1-21-80	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 hours	Tubing Pressure 25 pounds	Casing Pressure 5 pounds	Choke Size 2"
Actual Prod. During Test 14	Oil - Bbls. 14	Water - Bbls. 96	Gas - MCF 14

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Thomas L. Hall
(Signature)
MANAGER, REGULATORY AFFAIRS
(Title)
3/11/80

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Ruygen
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 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 changes of owner