STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| P4. 47 C4PIC4 BECEIVES | | | | |
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| DISTRIBUTION | | | Ī | |
| SANTA FE | | | T | |
| FILE | | | | |
| U.1.0.1. | | | | |
| LAND OFFICE | 7 | , | | |
| TRANSPORTER | OIL | | | |
| | g ve | 1 | | |
| OPERATOR . | | 1 | | |
| PROGATION OF | 1 | | | |

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

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| I. AUTHORIZATION TO TRANSP | ORT DIE AND NATURAL GAS | | | | | |
|--|--|--|--|--|--|--|
| Operator | | | | | | |
| MURPHY OPERATING CORPORATION | | | | | | |
| Address | | | | | | |
| P. O. Drawer 2648, Roswell, New Mexico 88 | 3202-2648 | | | | | |
| Reason(s) for filing (Check proper box) Other (Please explain) | | | | | | |
| Now Well Change in Transporter of: | | | | | | |
| Recompletion OII Dr | Change effective April 1, 1988 | | | | | |
| X Change in Ownership Casingtead Gas Co | indensa.e | | | | | |
| | | | | | | |
| If change of ownership give name and address of previous owner Merlin Exploration, Inc. | ., P. O. Box 3164, Tulsa, Oklahoma 74119 | | | | | |
| | | | | | | |
| II. DESCRIPTION OF WELL AND LEASE | | | | | | |
| Leose Name Well No. Pool Name, Including Fo | · · · · · · · · · · · · · · · · · · · | | | | | |
| MATHERS Com 2 North Bagley | Permo Penn State, Federal or Fee E-144. | | | | | |
| Location | | | | | | |
| Unit Letter N : 1874 Feet From The West Line | e and 766 Feel From The South | | | | | |
| | | | | | | |
| Line of Section 33 Township 11 South Barge 3 | 3 East , NMPM, Lea Cour | | | | | |
| III DECICALITION OF THE INCROPATED OF OU AND MATTER A | 616 | | | | | |
| None of Authorized Transporter of CII or Concensate | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| | P. O. Box 591, Tulsa, OK 74102 | | | | | |
| Amoco Pipeline Company None of Authorized Transporter of Cosinghed Gas or Dry Gas | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Warren Petroleum Company | P. O. Box 1589, Tulsa, OK 74102 | | | | | |
| Tinu Sec Two Sec. | is can actually connected? , when | | | | | |
| If well produces oil or liquids, give location of tanks. | Yes | | | | | |
| If this production is commingled with that from any other lease or pool, | give commingling order number: | | | | | |
| | Eric assimilating a seri manage | | | | | |
| NOTE: Complete Parts IV and V on reverse siae if necessary. | | | | | | |
| THE CONTRICATE OF CONDITANCE | OIL CONSERVATION DIVISION | | | | | |
| VI. CERTIFICATE OF COMPILANCE | NA AN C 1000 | | | | | |
| I hereby certify that the rules and regulations of the Oil Con ervation Division have | APPROVED 1000, 19 | | | | | |
| been complied with and that the information given is true and complete to the best of my knowledge and belief. | | | | | | |
| my knowledge and benefit | BY. ORIGINAL SIGNED BY JERRY SEXTON | | | | | |
| | TITLE DISTRICT I SUPERVISOR | | | | | |
| Pro no no | This form is to be filed in compliance with RULE 1104. | | | | | |
| Mil wade Il Wiceman | If this is a request for allowable for a newly drilled or deep- | | | | | |
| Melinda K. Bickman (Signature) | well, this form must be accompanied by a tabulation of the devic | | | | | |
| Production Supervisor | tests taken on the well in accordance with RULE 111. | | | | | |
| (Title) | All sections of this form must be filled out completely for all able on new and recompleted wells. | | | | | |
| April 28, 1988 | Fill out only Sections I. II. III. and VI for changes of ow | | | | | |
| (Date) | we!, name or number, or transporter, or other such change of condi | | | | | |
| | Separate Forms C-104 must be filed for each pool in multi- completed wells. | | | | | |
| | | | | | | |

| | | OII Well | Gas Well | New Well | Motrover | Deepen | Plug Back | Same Restv. | Diff. Res | |
|-----------------------------------|----------------------------|----------------|------------------------------------|---|-----------------------|---------------------------------------|---------------------------------|-----------------------|-------------|--|
| Designate Type of Comple | tion $= (X)$ | | į | į . | ! | 1 | | 1 | 1 | |
| Date Spudded | Date Compl. Ready to Frod. | | | Total Depth | | | P.B.T.D. | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc. | j Name of Pro | oducing Form | nation | Top OII/Go | s Pay | | Tubing Depth Depth Casing Shoe | | | |
| Perforations | | | 1 | <u> </u> | | | | | | |
| | | TUBING. | CASING, AND | CEMENTI | NG RECORI |) | | | | |
| HOLE SIZE CASING & TUBING SIZE | | | NG SIZE | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| V. TEST DATA AND REQUES | ST FOR ALLO | | Tezt must be o able for this de | pin or be jur | Just 24 nours, | ' | · | qual so or exc | eed top all | |
| Date First New Oil Run To Tanks | Date of 196 | t | | Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| Length of Test | Tubing Pressure | | | Casing Pressure | | | Choke Size | | | |
| Actual Prod. During Test | ©11 - 8bis. | | | Water-Bbis. | | | Gde - MCF | | | |
| C + C W/TI | | | | 1 | | | | | | |
| GAS WELL Actual Prod. Test-MCF/D | Length of T | Longth of Test | | | Bbls. Condenscie/MMCF | | | Gravity of Condensate | | |
| Testing Method (pital, back pr.) | Tubing Pressure (Shmt-Ln) | | | Coming Pressure (Shut-in) | | | Choke Size | | | |

IV. COMPLETION DATA