

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
MURPHY OPERATING CORPORATION

Address
P. O. Box 2648, Roswell, New Mexico 88202-2648

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Change in oil transporter effective March 1, 1987

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

II. DESCRIPTION OF WELL AND LEASE

<u>Lease Name</u> Todd Lower San Andres Unit Section 25	<u>Well No.</u> 7	<u>Pool Name, including Formation</u> Todd Lower San Andres Assoc.	<u>Kind of Lease</u> State, Federal or Fee Federal	<u>Lease No.</u> LC062529
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Location
Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East
Line of Section 25 Township 7 South Range 35 East, NMPM, Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<u>Name of Authorized Transporter of Oil</u> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PRIDE PIPELINE COMPANY	<u>Address (Give address to which approved copy of this form is to be sent)</u> P. O. Drawer 2948, Midland, Texas 79702
<u>Name of Authorized Transporter of Casinghead Gas</u> <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>Address (Give address to which approved copy of this form is to be sent)</u>

<u>If well produces oil or liquids, give location of tanks.</u>	<u>Unit</u> 0	<u>Sec.</u> 25	<u>Twp.</u> 7-S	<u>Rge.</u> 35-E	<u>Is gas actually connected?</u>	<u>When</u>
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If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

MURPHY OPERATING CORPORATION

Mark B. Murphy (Signature)
President (Title)
February 20, 1987 (Date)

OIL CONSERVATION DIVISION

FEB 26 1987

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper 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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

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