

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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. Drawer 2648, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain)
CHANGE OF WELL NAME AND NUMBER
EFFECTIVE January 1, 1986
(formerly Kirkpatrick Federal #1)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name BLUITT SAN ANDRES UNIT SECTION 11	Well No. 16	Pool Name, including Formation BLUITT SAN ANDRES ASSOCIATED	Kind of Lease State, Federal or Fee FEDERAL NM	Producing Lease No. 041698-A
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u> Line of Section <u>11</u> Township <u>8 South</u> Range <u>37 East</u> , NMPM, <u>ROOSEVELT</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
OXY CITIES SERVICE NGL, INC.	P. O. Box 300, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 11
	Twp. 8-S	Rge. 37-E
	Is gas actually connected? yes	When April 17, 1964

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

Lois N. Brown
Lois N. Brown (Signature)

Production Clerk
(Title)

February 13, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 18 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 deviation 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 multiply completed wells.