STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 Format 06-01-83 DISTRIBUTION **OIL CONSERVATION DIVISION** Page 1 SANTA PE P. O. BOX 2088 PILE SANTA FE, NEW MEXICO 87501 U.8.0.8 LAND OFFICE OIL. TRANSPORTER REQUEST FOR ALLOWABLE OPENATOR AND PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator MURPHY OPERATING CORPORATION Address 88202-2648 P. O. Box 2648, Roswell, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Now Well Change in oil transporter Dry Gas IX OII Recomplation effective March 1, 1987 Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner_ temporarily abandoned II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Fermation Kind of Lease Louse No Lesse Name Todd Lower San Andres Unit C-10047 State, Federal or Fee Todd Lower San Andres Assoc. State 2 Section 36 Location Feet From The East 2310 990 Feet From The North Line and Unit Letter Roosevelt County , NMPM, Line of Section 36 Township 7 South Ronge 35 East III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Access (Give address to which approved copy of this form is to be sens) Norme of Authorized Transporter of Off [X] or Condensate P. O. Drawer 2948, Midland, Texas 79702 PRIDE PIPELINE COMPANY Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas When Sec. 'Rge. Is gas actually connected? Twp. Unit If well produces oil or liquids, give location of tanks. 7-S :35-E R 36 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. -----**OIL CONSERVATION DIVISION** VI. CERTIFICATE OF COMPLIANCE FFB 2 6 1987 : hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED peen complied with and that the information given is true and complete to the best of my knowledge and belief. BY_ ORIGINAL SIGNED BY JERRY SEXTON MURPHY OPERATING CORPORATION DISTRICT I SUPERVISOR TITLE _ This form is to be filed in compliance with RULE 1104. If this is a request for ellowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati Marohy Б. (Signalwe) tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recomplated wells.

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

Separate Forms C-104 must be filed for each pobl in multip completed wells.

February 20, 1987

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