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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

1. Operator
MURPHY OPERATING CORPORATION
Address
200 West First Street-Fourth Floor, Roswell, New Mexico 88201 (Mail: P.O. Box 2648)
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ CHANGE OF WELL NAME & NUMBER
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐ (Well previously: NM-State 'CT' #1)
Changes effective July 1, 1983

If change of ownership give name and address of previous owner: Texaco, Inc., P.O. Box 3109, Midland, Texas 79701

2. DESCRIPTION OF WELL AND LEASE
Lease Name Section #35 Well No. 1 Pool Name, Including Formation Todd Lower San Andres Kind of Lease State, Federal or Fee State Lease No. OC-1395
Location
Unit Letter A : 990 Feet From The North Line and 990 Feet From The East
Line of Section 35 Township 7S Range 35E, NMPM, Roosevelt County

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Mobil Pipeline Company P.O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Cities Service O&G Corp. Bluit Plant, Milnesand, New Mexico 88125
If well produces oil or liquids, give location of tanks. Unit A Sec. 35 Twp. 7S Rge. 35E Is gas actually connected? Yes When 6/18/66

If this production is commingled with that from any other lease or pool, give commingling order number:

4. COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

5. TEST DATA AND REQUEST FOR ALLOWABLE (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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

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

6. 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.
Mark B. Murphy
Vice-President, Murphy Operating Corporation
8/1/83
OIL CONSERVATION COMMISSION
APPROVED AUG 4 1983, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 re-completed wells.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.