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SANTA FE	
FILE	
U.S.G.S.	
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

Operator MURPHY OPERATING CORPORATION			
Address 200 West First Street - Fourth Floor, P.O. Box 2648, Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	CHANGE OF WELL NAME & NUMBER (Well previously: Mark-Federal #6)	
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	Change effective July 1, 1983	
Change in Ownership ☐			

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE			
Lease Name Section #25	Well No. 16	Pool Name, including Formation Todd Lower San Andres	Kind of Lease State, Federal or Fee Federal
Location Todd Lower San Andres Unit		Lease No. LC-062529A	
Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East			
Line of Section 25 Township 7 S Range 35 E , NMPM, Roosevelt County			

II. 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.		Bluitt Plant, Milnesand, NM 88125	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 25	Twp. 7S
		Rge. 35E	Is gas actually connected? Yes When 4/4/67

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

V. COMPLETION DATA									
Designate Type of Completion - (X)									
☐ Off Well	☐ Gas Well	☐ New Well	☐ Workover	☐ Deepen	☐ Plug Back	☐ Same Res'v.	☐ Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, 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			

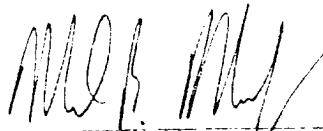
VI. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

VII. 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.



(Signature) Mark B. Murphy

Vice-President, Murphy Operating Corporation

OIL CONSERVATION COMMISSION	
APPROVED	AUG 4 1983
ORIGINAL SIGNED BY JERRY SEXTON	
BY	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, deviation and recompletion wells.

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

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AUG 2 1983

O.C.I.
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