Form C-104
Revised 10-1-78

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
MURPHY OPERATING CORPORATION

Address
200 West First Street - Fourth Floor, P.O. Box 2248, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)
New Well [ ]
Recompletion [ ]
Change in Ownership [X]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
Change Effective January 1, 1983

If change of ownership give name and address of previous owner LAYTON ENTERPRISES, INC., 3103 - 79th Street, Lubbock, Texas 79423

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Mark Federal	6	Todd Lower San Andres	Federal	LC062529-A

Location
Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East
Line of Section 25 Township 7S Range 35E , NMPM, Roosevelt County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Mobil Pipe Line Company
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 900, Dallas, Texas 75221

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Cities Service Oil Company
Address (Give address to which approved copy of this form is to be sent)
Bluitt Gasoline Plant, Milnesand, NM 88125

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	25	7S	35E	Yes	4-4-67

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil 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

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)

OIL WELL

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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Ann J. Murphy
(Signature)

President, Murphy Operating Corporation
(Title)

12-20-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 24 1983, 19

ORIGINAL SIGNED BY
EDDIE W. SEAY

BY

TITLE OIL & GAS INSPECTOR

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.