STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

OIL

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DISTRIBUTION

SANTA FE FILE U.S.G.S. LAND OFFICE

TRANSPORTER

PROMATION OFFICE

OPENATOR

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

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 P. O. Drawer 2648, Roswell, New Mexico 88202-2648 Reoson(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: New Well . Change effective October 1, 1988 OII Dry Gos . Recompletion Condensate Casinghead Gas Change in Ownership X If change of ownership give name Myco Petroleum Company, Route 1, Box 104, Lovington, NM 88260 and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Legse No. Lease Name State, Federal or Fee State K-2671 1 Chaveroo San Andres State J Location 1980 660 Feel From The North Line and East Feet From The Unit Letter 7 South Range 33 East , NMPM, Roosevelt County 25 Township Lina of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Adaress (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 🕅 or Condensate P. O. Box 9CO, Dallas, TX 75221 Mobil Pipeline Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas ΟK 74102 0. Box 300, Tulsa, OXY NGL, Inc. Is gas actually connected? When 'Rge. Unit Sec. Two. If well produces oil or liquids, : 33 25 Пo \checkmark give location of tanks.

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.

Methoda K. Hickman (Signature) Production Supervisor

October 31, 1988

(Date)

(Title)

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APPROVED_

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

BY _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 multipl completed wells.