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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	<input type="checkbox"/>	Change in Transporter of:	CHANGE OF WELL NAME & NUMBER
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	(Well previously: Livaudais-Federal #1)
Change in Ownership	<input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	Change effective July 1, 1983
		Casinghead Gas <input type="checkbox"/>	
		Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE		Well No.		Pool Name, including Formation		Kind of Lease		Lease No.	
Lease Name		Section #30		Todd Lower San Andres		State, Federal or Fee		Federal NM-0139989	
Location		Unit Letter		Feet From The		Line and		Feet From The	
		M		660		South		West	
Line of Section		Township		Range		NMPM,		County	
30		7 S		36 E		Roosevelt			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Mobil Pipeline Company	P. O. Box 900, Dallas, Texas 75221				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Cities Service O&G Corp.	Bluitt Plant, Milnesand, New Mexico 88125				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	30	7S	36E	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									

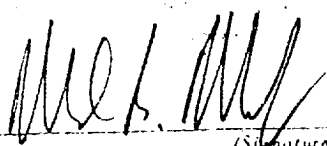
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)			
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

I. 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
(Title)
(Date) 8/4/83

OIL CONSERVATION COMMISSION
APPROVED **AUG 4 1983**, 19
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I 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 deviated 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.