

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
MURPHY OPERATING CORPORATION

Address  
P. O. Drawer 2648, Roswell, New Mexico 88202-2648

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
Change effective August 1, 1988

If change of ownership give name and address of previous owner  
Texaco Inc., P. O. Box 3109, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name HOBBS W	Well No. 2	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee	Lease No. K-1370
Location				
Unit Letter A ; 330 Feet From The North Line and 990 Feet From The East				
Line of Section 30 Township 7 South Range 34 East , NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, TX 75221	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> OXY NGL, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?		When
No yes		1-12-67

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.

Melinda K. Hickman

Melinda K. Hickman (Signature)

Production Supervisor

(Title)

August 1, 1988

(Date)

OIL CONSERVATION DIVISION

AUG 04 '88

APPROVED \_\_\_\_\_, 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 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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.