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TRANSPORTER	OIL GAS	
OPERATOR		
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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, Roswell, New Mexico 88201 (Mail: P.O. Box 2648)	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	CHANGE OF WELL NAME & NUMBER
Recompletion ☐	(Well previously: Val-State #2)
Change in Ownership ☐	Change effective July 1, 1983
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Section #30	Well No. 2	Pool Name, including Formation Todd Lower San Andres	Kind of Lease State, Federal or Fee State	Lease No. 0G-1617
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 30 Township 7 S Range 36 E , NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipeline 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 ☒ or Dry Gas ☐ Cities Service O&G Corp.	Address (Give address to which approved copy of this form is to be sent) Bluitt Plant, Milnesand, New Mexico 88125					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 30	Twp. 7S	Rge. 36E	Is gas actually connected? Yes	When 6/29/67

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

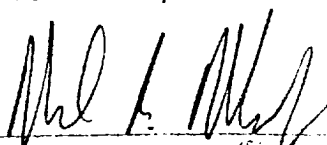
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

VI. 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)
8/1/83
(Date)

OIL CONSERVATION COMMISSION	
AUG 4 1983	
APPROVED _____, 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 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.	