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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65

}.	D.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PHORATION OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS		
	MURPHY OPERATING	MURPHY OPERATING CORPORATION				
	200 West First Street-Fourth Floor, Roswell, New Mexico 88201 (Mail: P.O. Box 2648)					
	Reason(s) for fiting (Check proper box New Well Recompletion Change in Ownership		Other (Please explain) CHANGE OF WELL NA (Well previously	AME & NUMBER : NM-State 'CT' #6)		
	If change of ownership give name and address of previous owner	Texaco, Inc., P.O. Box	3109, Midland, Texas 7970)1		
***		Well No. Pool Name, Including Fo	n Andres State, Federa	State OC-1395		
		wnship 7 S Range	35 E , NMPM, Roosey	velt County		
11.	Mobil Pipeline Company Name of Authorized Transporter of Ott Name of Authorized Transporter of Ca Cities Service O&G Cor	singhead Gas Or Dty Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent) Bluitt Plant, Milnesand, New Mexico 88125 Is gas actually connected? When			
	If well produces oil or liquids, give location of tanks.	A 35 7S 35E	Yes	4/7/67		
	If this production is commingled win COMPLETION DATA Designate Type of Completion		New Well Workover Deepen	Plug Back Same fics'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		
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
7	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be after recovery of total volume of load oil and must be for this depth or be for full 24 hours) Date First New Cil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.,					
	Length of Test	Tubing Pressure	Casing Presente	Choke Size		
			Water-Bals.	Gaa-MCF		
	Actual Fred, During Toot	Oil-Bblo.	ncte Duis.			
	GAS WELL Actual Fred, Teet-MCF/D	Length of Test	Bbls. Condensate/NMCF	Gravity of Condensate		
	Teating hiothed (pitot, back pr.)	Tubing Procesure (Shut-14)	Casing Pressure (Shat-in)	Chake Size		
	DERTHICATE OF COMPLIANCE hereby cortify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION APPROVED APPROVED 19			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				
Vice-President, Murphy Operating Corporation (Finle) 3/1/23			TITLE This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly difficult or despending 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 sllowable on now and to completed wells. Fill out only factions I. H. III, and VI for charges of conditions well name or number, or transporter, or other such change of conditions.			
	(0)	ule)	well name or number, or transport	er, or other such change of condition.		