## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 ----Format 06 01 83 DISTRIBUTION **OIL CONSERVATION DIVISION** Page 1 SANTA PE P. O. BOX 2088 FILE SANTA FE, NEW MEXICO 87501 V.8.0.8. LAND OFFICE OIL TRANSPORTER GAS REQUEST FOR ALLOWABLE OPENATOR AND PROMATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS T Operator MURPHY OPERATING CORPORATION Address P. O. Box 2648, Roswell, New Mexico 88202-2648 Reason(s) for filing (Check proper box) Other (Please explain) Now Well Change in Transporter of: Change in oil transporter IX On Dry Gas Recompletion effective March 1, 1987 Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ... . • II. DESCRIPTION OF WELL AND LEASE Producing Well No. | Pool Name, Including Formation Kind of Lease Lease N Todd Lower San Andres Unit 2 Todd Lower San Andres Assoc. State, Federal or Fee E-8948 State Section 31 Location 2121 East В 519 Feet From The North Line and Feet From The Unit Letter , NMPM, Roosevelt Count 31 Township 7 South Ronge 36 East Line of Section HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Ascess (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of OII P. O. Drawer 2948, Midland, Texas 79702 PRIDE PIPELINE COMPANY Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas [] When Sec. 'Rge. is gas actually connected? Twp. Unit If well produces oil or liquide, R 31 7-S 36-E 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. **OIL CONSERVATION DIVISION** VI. CERTIFICATE OF COMPLIANCE FEB 2 5 1987 I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED\_ . 19 . been complied with and that the information given is true and complete to the best of BY ORIGINAL SIGNED BY JERRY SEXTON my knowledge and belief. MURPHY OPERATING CORPORATION 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 deepe Murphy (Siznalwe)

well, this form must be accompanied by a tebulation of the devia tests taken on the well in accordance with AULE 111.

All sections of this form must be filled out completely for all able on new and recomploted wells.

Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of condit

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

(Date)

(Title)

President

February 20, 1987



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