NO. OF COPIES ALC	KIYED	Ì	
DISTRIBUTION		1	
SANTA FE			
I ILE			
U.S.G.S.			
LAND OFFICE			
IHANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

U.S.G.S. LAND OFFICE IHANSPORTER OIL GAS OPERATOR PHORATION OFFICE	AUTHORIZATION TO TR.	IL CONSERVATION COMMISSION EST FOR ALLOWABLE AND TRANSPORT OIL AND NATURAL GAS			Poim C-104 Superveder Old C-104 and C-11 Effective 1-1-65	
MURPHY OPERATION	G CORPORATION					
Address	Fourth Floor D. O.	D 0(10			2004	
Reason(s) for filing (Check proper box		Other	(Please explain)		
New Well Recompletion	Change in Transporter of: Oil Dry Go	39 🔲 (We	ell previo		ey-Federal #1)	
Change in Ownership X	Casinghead Gas Conde	nsate Cha	inges effe	ctive July 1,	, 1983	
If change of ownership give name and address of previous owner	Canoco Mod.	<i>CU</i> o rporation	Box 68, 1	Hobbs, New Me	exico 88240	
DESCRIPTION OF WELL AND	LEASE				ŕ	
Lease Name Section #2	9 Well No. Pool Name, Including F				Fee Federal NM-0449372	
Todd Lower San Andres U	nitl 15 Todd Lower San	Andres		Fed	<u>leral NM-0449372</u>	
Unit Letter 0 ;	660 Feet From The South Lir	ne and1980	Fect	From The <u>Eas</u>	<u>it</u>	
Line of Section 29 Tox	emship 7 S Range	36 E	, NMPM,	Roosevelt	County	
	TER OF OIL AND NATURAL GA					
Name of Authorized Transporter of Oil 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 Cas	singhead Gas 📉 or Dry Gas 🦲	Address (Give address to which approved copy of this form is to be sent)				
Cities Service O&G Cor	Unit Sec. Twp. P.ge.	Is gas detually		esand, New Me	exico 88125	
give location of tanks.	M 29 78 36E	Yes		4/15/	/69	
If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give comminglin	ig order numbe		•	
Designate Type of Completic	n - (X) Gas Well Gas Well	New Well Wo	rkover Deep	en Plug Back	Same Resty. Diff. Resty.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u></u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pa	у	Tubing Dept	:h	
Perforations		Depth Casing S		g Shoe		
remondia						
HOLE SIZE	TUBING, CASING, AND	T	PTH SET	SA	CKS CEMENT	
The state of the s	AT Y OWAY ? TO AT					
TEST DATA AND REQUEST FO OIL WELL	able for this de	pih or be for full!	4 hours)		qual to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Metho	d (f tow, pump,	gas uju, eicij		
Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
Actual Pred. During Tool	Oil-Bblo.	Water - Bbla.		Gaa-MCF		
GAS WELL	La contract many	Their Continue	- 0 0 CF	Gravity of C		
Actual Fred, Tent-MCF/D	Length of Test	Bols. Condensor		Gravity 61 C	onaensete	
Testing Mothed (pirot, back pr.)	Tubing Processio (shuu-lu)	Cosing Pressure	(shut-in)	Choke Sixe		
CERTHICATE OF COMPLIANC	PE .		AUC	RVATION COM	MISSION	
hereby cortify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.			APPROVED			
		DISTRICT I SUPERVISOR				
MIOR MXX	This for	n is to be file	d in compliance w			

(Siehurus) Mark B. Murphy

Vice-President, Murphy Operating Corporation (line) (001.) 8/1/83

well, this form much be accompenied 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 valls.

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