

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator	
MURPHY OPERATING CORPORATION	
Address	
P. O. Box 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"/> Recompletion	<input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Condensate
Other (Please explain)	
Change in oil transporter effective March 1, 1987	

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

II. DESCRIPTION OF WELL AND LEASE

shut-in

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Bluitt San Andres Unit Section 18	13	Bluitt San Andres Assoc.	State, Federal or Fee Federal NM	0509201
Location				
Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>18</u> Township <u>8 South</u> Range <u>38 East</u> , NMPM, <u>Roosevelt</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)					
PRIDE PIPELINE COMPANY	P. O. Drawer 2948, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	18	8-S	38-E		

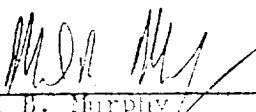
If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

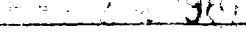
VI. CERTIFICATE OF COMPLIANCE

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.

MURPHY OPERATING CORPORATION


Mark B. Murphy (Signature)
President (Title)
February 19, 1987 (Date)

OIL CONSERVATION DIVISION

APPROVED  , 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper 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 all wells on new and recompleted 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 condition.

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

RECEIVED
FEB 20 1987
OCD
HOBBS OFFICE