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| ecompletion | OII Dry Go Casinghead Gas Cendr | | ve January 1, 1983 | | | | |
| thange of ownership give name d address of previous owner | LAYTON ENTERPRISES, INC., | , 3103 - 79th Street, Lu | phock, Texas_79423 | | | | |
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| Separate Forms C-104 must be filed for each pool in mul completed wells. | 10 | , | Separate Forms C-104 must be | | | |

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|-----------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| DISTRIBUTION SANTA FE | | CONSERVATION COMMISSION | Form C-104 Supersedes Old C-104 and C-110 |
| FILE U.S.G.5. | - | AND | Effective 1-1-65 |
| LAND OFFICE | AUTHORIZATION TO TRA | ANSPORT OIL AND NATURAL G | AS |
| TRANSPORTER OIL GAS | | | |
| OPERATOR | | | |
| Operator | | | |
| MURPHY MINERALS | CORPORATION | · | |
| P. O. Drawer 21 Reason(s) for filing (Check proper box | 64, Roswell, New Mexico | ······································ | |
| New Well | Change in Transporter of: | Other (Please explain) | |
| Recompletion Effectiv | e Oll Dry Ga Casinghead Gas Conder | | |
| If change of ownership give name | | Inc., P. 0. Box 1090, R | |
| and address of previous owner | | піс., г. О. вох 1090, к | oswell, New Mexico 8820 |
| Lease Name | Well No. Pool Name, Including F | | Ecose the |
| McCaw Federal | I Bluitt San And | dres Associated State, Federal | or Fee Federal NM0137105 |
| Unit Letter A : 66 | OFeet From TheNorth_Lin | e and <u>660</u> Feet From T | he East |
| Line of Section 24 To | wnship 85 Rango | 37E , NMPM, Roose | evelt County |
| I. DESIGNATION OF TRANSPOR | | S Address (Give address to which approv | ed conv of this form is to be sent |
| Mobil Pipe Line Compan | ny | P. O. Box 900 Dallas. | Texas 75221 |
| Name of Authorized Transporter of Car Cities Service Oil Cor | | Address (Give address to which approv | ed copy of this form is to be sent) |
| If well produces oil or liquids, | Unit Sec. Twp. Pge. | Bluitt Gasoline Plant, Is gas actually connected? Whe | n |
| give location of tanks. | <u>A 24 85 37E</u> | Yes | 8-15-69 |
| V. COMPLETION DATA | th that from any other lease or pool, | | |
| Designate Type of Completio | | New Well Workover Deepen | Plug Back Same Res'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 |
| | | CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| an a | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| V. TEST DATA AND REQUEST F OIL WELL | | fter recovery of total volume af load oil a spih or be for full 24 hours) | ind must be equal to or exceed top allow- |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift | t, etc.) |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oll-Bbls. | Water-Bbls. | Gaə-MCF |
| GAS WELL | | 1 | |
| Actual Prod. Test-MCF/D | Longth of Test | Bbls. Condenscie/MMCF | Gravity of Condensate |
| Testing Mothod (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shat-in) | Choke Size |
| I. CERTIFICATE OF COMPLIAN | CE | OIL CONSERVA | TION COMMISSION |
| I hereby certify that the rules and | regulations of the Oil Conservation | APPROVED | , 19 |
| Commission have been complied | with and that the information given e beat of my knowledge and belief. | BY | |
| • | ρ | TITLE | <u></u> |
| 11 Da | Udi-+ | | ompliance with RULE 1104. |
| - Renall R (Sign | active) | well, this form must be accompan | able for a newly drilled or deepened nied by a tabulation of the deviation dense with Buil 5, 111 |
| Agent | / | tosts taken on the well in accorr All sections of this form mus | t be filled out completely for allow- |
| October 23, | 1975 | able on new and recompleted we Fill out only Sections I. II. | lis. . III. and VI for changes of owner, |
| | ate) | well name or number, or transport | er, or other such change of condition. be filed for each pool in multiply |
| | | | |

| | NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR | REQUEST F | AND ALLOWABLE | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | PROPATION OFFICE Operator FRANKLIN, ASTON Address P. O. Box 1090, Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership | Roswell, New Mexico | Other (Please explain) | |
| | if change of ownership give name and address of previous owner | | | |
| 11. | | Well No. Pool Name, Including Fo 1 Bluitt-San A 0 Feet From The North Line wship 85 Range | and <u>660</u> Feet From 7 | ^{1 or Fee} Fed. NM (137105 |
| | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Mobil Pipe Line Com Name of Authorized Transporter of Cas Cities Service Oil If well produces oil or liquids, give location of tanks. | Dany singhead Gas K or Dry Gas Company Unit Sec. A 24 8S 37E | Address (Give address to which appro- P. O. Box 900, Dall Address (Give address to which appro- Bluitt Gasoline Pla Milnesand, New Maxi Is gas actually connected? | as, Texas 75221 ved copy of this form is to be sent) nt |
| | COMPLETION DATA | th that from any other lease or pool, Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| | Designate Type of Completio | | Total Depth | P.B.T.D. |
| | Date Spudded | Date Compl. Ready to Prod. | | Tubing Depth |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | |
| | Perforations | | | Depth Casing Shoe |
| | HOLE SIZE | TUBING, CASING, AND CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | | |
| V. | TEST DATA AND REQUEST F OIL WELL Date First New Oil Bun To Tanks | OR ALLOWABLE (Test must be a, able for this de | fter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas l | and must be equal to or exceed top allow |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas - MCF |
| | I | | <u></u> | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate |
| | Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (Shut-in) | Choke Size |
| VI | Commission have been complied above is true and complete to th Janu P. Sig Execut: (7 8-1) | regulations of the Oil Conservation with and that the information given he best of my knowledge and belief. | APPROVED BY TITLE This form is to be filed in If this is a request for allo well, this form must be accomp tests taken on the well in acc All sections of this form m able on new and recompleted w Fill out only Sections I, well name or number, or transpo | compliance with RULE 1104. weakle for a newly drilled or deepene banied by a tabulation of the deviatio ordance with RULE 111. must be filled out completely for allow |
| = | (Sigha Executive | ture) e Vice-Pres | tests taken on the well in accord | nied by a tabulation of the deviation dance with RULE 111. at be filled out completely for allow- |

| 110# | | or juei, ve | | | | | : | | | J. W. | | |
|--------------------------|------------------------|---------------------------------------|----------------------|-----------------------|------------------|-------------------|---------|--------------------|--------------------------|-----------------------------|-------------------|----------------------------------|
| 110# | GAS (Sold, used for | or juei, ve | | | | | | | | | | |
| | | | →→ | | and a | | | | | TEST WITN | 26° | |
| Mar. 9, 1 | <u></u> | URE CAL | CULATED HOUR RATE | OIL-BBL | <u>→</u> | 136 GAS- | MCF. | 61 | WATER- | -BBL. | OIL GE | 449:1 LAVITY-API (COBR.) |
| Mar Q | HOURS TESTER | | OKE SIZE | PROD'N. I TEST PER | | OILBBL. | | GAS-M | ICF. | WATER-BI | BL. | GAS-OIL RATIO |
| March 8, | 1969 F | lowing | | | | | | vro oj pu | ···• E* / | sh sh | roduc | |
| 3.* ATE FIRST PRODUC | CTION PRO | DUCTION 1 | METHOD (Flo | wing, gas | | DUCTION | e and t | upe of nu | <i>mp</i>) | 1 107 1971 | L STATU | (Producing or |
| 9 A | | | | | | | | | | | | |
| | | | | | | | | | - | | | |
| 47171, 47 | 18', 4725' | , 4720 | 5' , and | 1 4732' | | 47021 | | | - | gallons | | |
| 47021,47 | 704', 4708' | , 4710 |)', 4714 | ۰, | | 32. DEPTH Ì | | | | URE, CEME | _ | EEZE, ETC. |
| 1. PERFORATION P | ECORD (Interval, | Rize and | number) | | | | | | | | | |
| | | | | | | SCREEN (| | SIZE 2'' | | 4590 · | (MD) | PACKER SET (MD) |
| 9. SIZE | TOP (MD) | · · · · · · · · · · · · · · · · · · · | RECORD | ACKS CON | ENT ² | SCREEN (| MD) | 30. | | TUBING RE | | |
| ······ | | | | | | | | | | | | |
| 5 1/2" | 14# | - | 4748 | <u>(B</u> | _7_ | 7/8" | _ 27 | 5. <u>sx</u> | | | | <u> </u> |
| 8 5/8" | 20# | | 2951 | | | 1/41 | | | irc. | to surfa | ce | |
| CASING SIZE | WEIGHT, LI | 3. /FT. | DEPTH SET | | но | LE SIZE | | | MENTING | RECORD | | AMOUNT PULLED |
| 9. Udmine r.e . | , Junic, Le | | CASIN | G RECORI | D (Rei | oort all strin | gs set | in well) | | | No | ····· |
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| · | 4732' San A | | | | | | | | | | Ne | o (Tetco on |
| | TERVAL(S), OF TH | | TION-TOP, | BOTTOM, NA | AME (| MD AND TVD |)* | | | | | 5. WAS DIRECTIONA SURVEY MADE |
| 4748' | | | | I | HOW N | IANY* | | | ILLED BY | Surf | | |
| O. TOTAL DEPTH, M | 969 Mar. 5 | | T.D., MD & T | | F MUI | TIPLE COME | 997 · | 23. IN | <u>, 4007</u> TERVALS | ROTARY T | OOLS | CABLE TOOLS |
| 5. DATE SPUDDED | | | | | | | | | | RT, GR, ETC.) | | ELEV. CASINGHEAD |
| | | | | TT. PERM | II NO | • | DATE | ISSUED | | 12. COUNT PARISE ROOS | | 13. STATE New Mexico |
| At total dept | h | | | 14. PERM | | | D.I.M. | IGOTIPS | | 19 0000 | V 07 | 1 10 |
| | interval reported | below | | | | | | | | Sec. | 24-8 | 5-37E, N.M.I |
| | 660' FNL & | | FEL Sec | . 24-8 | 5-37 | E | | | | 11. SEC., T OR ARI | Г., R., M., ЕА | OR BLOCK AND SURV |
| 4. LOCATION OF | WELL (Report loca | ition clear | ly and in ac | cordance u | oith an | iy State req | uineme | nts)* | | _ | SIGNA | |
| 3. ADDRESS OF O P. O. | PERATOR BOX 1090, F | losum | 1. New I | Maxico | 882 | id: 5 | | • ••••• | | | | L, OR WILDCAT |
| | IN, ASTON I | FAIR | , INC. | | | 3.5 8.5 2.5 | ę, k | je ju na | نې لېږې کې د د ا | 9. WELL N | | |
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| b. TYPE OF CO | MPLETION: | VELL | GAS WELL | DRY | r [] | Other | 17- 17 | | * <u></u> | 7. UNIT A | GREEMEN | T NAME |
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| | DEPAF | ₹TMF | | | | TEDIC | | | e other in- | | | |

*(See Instructions and Spaces for Additional Data on Reverse Side)

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Fed-eral and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not scaled off by ement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for flual inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE : 1963-O-685229 667-651

GPO 837-499

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| Unit Letter A : 660 ¹ Pref from TheOOTED Line and660 ¹ Pref from TheOBSt Line of Section 24 Township 85 Promy 37E . Market RooSeVel t Concert In DESCATION OF TRANSPORTER OF OIL AND NATURAL GAS Pref ref from the for approved copy of the form Compared to the start Pref ref from Compared copy of the form Compared copy the form Compare | McCaw Federal | i undes rynated - | | r Fee Federal NM 013710 |
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| Mobile 011 Corporation - Trucks P. 0. Box 725, Hobbs, New Mexico 88240 Name of Autoins Transporter of Completion - Trucks P. 0. Box 725, Hobbs, New Mexico 88240 It will production the commingled with bat from any other lesse or pool, give commingling order number None As soon as possible If this production is commingled with bat from any other lesse or pool, give commingling order number None As soon as possible VCOMPLETION DATA Out Well Tesse or pool, give commingling order number P. 8. To. Point State Completion - (X) VCOMPLETION DATA Date Completion - (X) X True Data Designate Type of Completion - (X) X True Data P. 8. To. Point State Completion - (X) Completion - (X) X True Data P. 8. To. Point State Completion - (X) P. 8. To. Point State Completion - (X) Completion - (X) X True Data P. 8. To. Point State Completion - (X) P. 8. To. Data Personations (CE, RAB, RT, GE, etc.) Neme of Producting Termition True Data Completion - (X) Y True Data P. 4. 5000 4007 KB, 3937.9' Grave Completion - (X) San Andres ''P' 2. One to the fact Completion - (X) Y True Data 4007 KB, 3937.9' Grave Completion - (X) San Andres ''P' 2. One to the fact Completion - (X) Y True Data | III. DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | Address (Give address to which approve | d copy of this form is to be sent! |
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| Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. If this is a request for allowable for a newly drilled or deepeneweil, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. March 11, 1969 If this form must be filled out completely for allowable for a newly drilled or deepeneweil, this form must be filled out completely for allowable on new and recompleted wells. (Date) 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 | I hereby certify that the rules and | regulations of the Oil Conservation | | , 19 |
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