

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
MURPHY OPERATING CORPORATION

Address
P. O. Drawer 2648, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	CHANGE OF WELL NAME AND NUMBER
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	EFFECTIVE January 1, 1986
	<input type="checkbox"/> Dry Gas	(formerly Baetz Federal #4)
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name BLUITT SAN ANDRES UNIT SECTION-13	Well No. 3	Pool Name, including Formation BLUITT SAN ANDRES ASSOCIATED	Kind of Lease State, Federal or Fee FEDERAL NM-	Lease No. 044216
Location Unit Letter <u>C</u> : <u>587</u> Feet From The <u>North</u> Line and <u>1849.3</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>8 South</u> Range <u>37 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)
MOBIL OIL CORPORATION	P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
OXY CITIES SERVICE NGL, INC.	P. O. Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>F</u> Sec. <u>13</u> Twp. <u>8-S</u> Rge. <u>37-E</u>	yes May 1969

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

Lois N. Brown
Lois N. Brown (Signature)
Production Clerk (Title)
February 13, 1986 (Date)

OIL CONSERVATION DIVISION

APPROVED FEB 18 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 deepened 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 allowable on new and recompleted wells.

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.

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