

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in oil transporter effective March 1, 1987
Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Todd Lower San Andres Unit Section 29	Well No. 16	Pool Name, including Formation Todd Lower San Andres Assoc.	Kind of Lease State, Federal or Fee	Producing Federal NM-05047
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>7 South</u> Range <u>36 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"/> PRIDE PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) 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)														
<table border="1"> <tr> <th>If well produces oil or liquids, give location of tanks.</th> <th>Unit</th> <th>Sec.</th> <th>Twp.</th> <th>Rge.</th> </tr> <tr> <td></td> <td>M</td> <td>29</td> <td>7-S</td> <td>36-E</td> </tr> </table>	If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.		M	29	7-S	36-E	<table border="1"> <tr> <th>Is gas actually connected?</th> <th>When</th> </tr> <tr> <td></td> <td></td> </tr> </table>	Is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.											
	M	29	7-S	36-E											
Is gas actually connected?	When														


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.

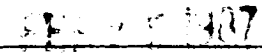
VI. CERTIFICATE OF COMPLIANCE

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 20, 1987 (Date)

OIL CONSERVATION DIVISION

APPROVED , 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
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 deeper well, this form must be accompanied by a tabulation of the deviate 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.