

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
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)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

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

producing

Lease Name <b>Todd Lower San Andres Unit Section 32</b>	Well No. <b>6</b>	Pool Name, including Formation <b>Todd Lower San Andres Assoc.</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>K-3582</b>
Location <b>Unit Letter F ; 1830 Feet From The North Line and 1980 Feet From The West</b> <b>Line of Section 32 Township 7 South Range 36 East , NMPM, Roosevelt County</b>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>PRIDE PIPELINE COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Drawer 2948, Midland, Texas 79702</b>
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
	C 32 7-S 36-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 20 1987 (Date)

OIL CONSERVATION DIVISION

**FEB 25 1987**

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all: able 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 24 1987

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