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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OIL C-101 and C-11
Effective 1-1-65

Operator Murphy Minerals Corporation	
Address 3103 79th Street Lubbock, Texas 79423	
Reason(s) for filing (Check proper box) New Well ☐ Change in Transporter of ☐ Recompletion ☐ Effective Oil ☐ Dry Gas ☐ Change in Ownership ☒ 11-1-75 Casinghead Gas ☐ Condensate ☐	
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gates State	Well No. 3	Pool Name, including Formation Todd Lower San Andres	Kind of Lease State, Federal or Fee	State Sta te	Lease No. K3582
Location Unit Letter F : 1830 Feet From The North Line and 1980 Feet From The West					
Line of Section 32 Township 7S Range 36E, NMPM, Roosevelt County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900 Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Cities Service Oil Company	Address (Give address to which approved copy of this form is to be sent) Bluitt Gasoline Plant, Minnesand, New Mex. 88225					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 32	Twp. 7S	Rge. 36E	Is gas actually connected? Yes	When 4-30-68

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	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					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Start First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Donald R. Layton
(Signature)

Agent

(Title)

6-22-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY *Jerry Saxon*
Dist. 1, Supv.

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 test results taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable to be considered completed value.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

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JUN 28 1976

**OIL CONSERVATION COMM.
HOBBS, N. M.**