DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		[þim C=104 Superseide# Old C=204 and C=2 Elf# :tiv# 1=1=65
U.S.G.S. LAND OFFICE TRANSPORTER OFERATOR PROBATION OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	L GAS
MURPHY OPERATIN	G CORPORATION		
200 West First Str Feason(s) for filing (Check proper box New Well Recompletion Crange in Ownership	eet-Fourth Floor, Roswel J Change in Transporter of: Oil Dry Ga Casinghead Gas Conde	Other (Please explain) CHANGE OF WELL (Well previous	Mail: P.O. Box 2648) NAME & NUMBER ly: Skelly-Smith-State #3) ve July 1, 1983
If change of ownership give name and address of previous owner			
Lesse Hanke Section #31 Todd Lower San Andres	Well No. Pool Name, Including F Unit 8 Todd Lower San	Andres State, Fe	deral or Fee State E-8948
	30_Feet From The <u>North</u> Lir	and <u>660</u> Feet 71	Roosevelt County
L DESIGNATION OF TRANSPOR		IS (Construction for the larger	pproved copy of this form is to be sentj
Name of Authorized Transporter of Oil Mobil Pipeline Company			5. Texas 75221 pproved copy of this form is to be sent)
give location of tanks.	Unit Sec. Twp. Pge. B 31 7S 36E	is gas actually connected? Yes	and, New Mexico 88125
COMPLETION DATA	th that from any other lease or pool, Oil Well Gas Well	give commingling order number: New Well Workover Deepen	Plug Back Same fiesty, Diff. Resty
Designate Type of Completion	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 Depta
Perforations		<u> </u>	Depth Casin 7 Shoo
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
V. TEST DATA AND REQUEST FOOL WELL	DR ALLOWABLE (Test must be a able for this de	fier recovery of total volums of load optimized for the for full 24 hours (	oil and must be equal to ar exceed top-aliou
Dute First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, go	us hijt, etc.)
Longin of Tost	Tubing Pressure	Casing Pressure	Choke Size
Actual Predi During Tool	O11 • Bblo.	Water - Bbls.	Gas-MCF
GAS WELL	Length of Test	Bbis, Contenate/MilCF	Gravity of Condenacte
Testing Mothed (pitol, back pr.)	Tubing Prossuro (Shut-14)	Casing Pressure (Shut-in)	Choxe Size
			AVATION COMMISSION
I. CERTIFICATE OF COMPLIAN		APPROVED AUG 4	1002, 19
I hereby certify that the rules and regulations of the Oil Conservation Commence have been complied with and that the information given above is true and complete to the best of my knowledge and belief. (Signature) Mark B. Murphy		DYORIGINAL SIGNED BY JERRY SIXTON	
		TITLE This form is to be filed If this is a request for a well, this form rout by succ	In compliance with NULE 1104. Howable for a newly dill i or despense openied by a tabulation of the Covintie
Vice-President, Murphy Operating Corporation (1010)		tests taken on the well in a All sections of this form able on new rad is completes Will out only for four	contained with MUCE 111. ) must be filled out completely for allow t vielle. 1. 11. 111. and VI for civing an of owner
<i>د(۱)</i>	(0) V-f-L-f-Q	well neme or number, or trans	porter, or other auch change of condition

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