

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

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

1.

Operator MURPHY OPERATING CORPORATION	
Address Post Office Drawer 2648 Roswell, New Mexico 88202-2648	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name TL5AU/29	Well No. 13	Pool Name, including Formation Todd Lower San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0321281
Location Unit Letter M ; 660 Feet From The South Line and 700 Feet From The West Line of Section 29 Township 7 South Range 36 East , NMPM, Roosevelt 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"/> Mobil Pipeline	Address (Give address to which approved copy of this form is to be sent) Post Office Box 900 Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service	Address (Give address to which approved copy of this form is to be sent) Post Office Box 300 Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 29	Twp. 7S	Rge. 36E	Is gas actually connected? Yes	When 1/2/84

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't'v. <input type="checkbox"/>	Diff. Res't'v. <input type="checkbox"/>
Date Spudded 12-07-84	Date Compl. Ready to Prod. 1-2-84		Total Depth 4335'		P.B.T.D. 4323'			
Elevations (DF, RKB, RT, GR, etc.) 4140' G.L.	Name of Producing Formation San Andres P-2		Top Oil/Gas Pay 4240'		Tubing Depth 4313'			
Perforations 4246' - 4296' 1 shot/ft. 50 shots total					Depth Casing Shoe 4334'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24# J-55 ST&C		8 its. 334.55'		250 sks Class Cw/2% Ca-C			
7 7/8"	5 1/2" 15.5# J-55 ST&C		108 its. 4334'		1000 sks 50/50 Poz.			
					Circ. 50 sks. to pit			
	2 3/8" 4.7# J-55 Tubing		133 its. 4313'		production string.			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

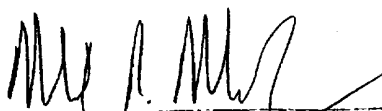
Date First New Oil Run To Tanks 1-2-84	Date of Test 1-11-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 20#	Casing Pressure 125#	Choke Size None
Actual Prod. During Test 68 BFPD	Oil - Bbls. 18	Water - Bbls. 50	Gas - MCF 20

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

VI. 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.


Mark B. Murphy (Signature)
Vice President - Murphy Operating Corporation

OIL CONSERVATION COMMISSION

APR 30 1984

APPROVED _____, 19

ORIGINAL SIGNED BY HARRY SEXTON

BY _____ 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 deepened wells.

Printed name of District Supervisor, District Office, and County, State, and Date of Filing.

INCLINATION REPORT

OPERATOR Murphy Operating Corporation ADDRESS P. O. Drawer 2648, Roswell, NM 88201
 LEASE NAME TLSAU "29" WELL NO. 13 FIELD Todd
 LOCATION Section 29, Township-7-South, Range-36-East

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
332	1	5.81	5.81
802	1	8.22	14.03
1299	3/4	6.56	20.59
1794	3/4	6.53	27.12
2139	3/4	4.55	31.67
2634	1	8.66	40.33
3131	3/4	6.56	46.89
3626	3/4	6.53	53.42
4120	3/4	6.52	59.94
4335	1/2	1.96	61.90

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

SITTON DRILLING COMPANY

Ronald Sitton
 TITLE

Vice President

AFFIDAVIT:

Before me, the undersigned authority, appeared Ronald Sitton
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief such
 well was not intentionally deviated from the true vertical whatsoever.

Ronald Sitton
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 14th day of December, 1983

Bill Lynam
 Notary Public in and for the County
 of Lea, State of New Mexico

SEAL