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

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-1
Effective 1-1-65

I.

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:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
TLSAU 30	9	Todd Lower San Andres	State, Federal or Fee Federal	0139989-
Location				
Unit Letter	I	1980 Feet From The	South Line and	660 Feet From The
Line of Section	30	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Mobil Pipeline	Post Office Box 900 Dallas, Texas 75221	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Cities Service	Post office Box 300 Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	P	30
		7S
		36E
	Is gas actually connected?	When
	Yes	12-12-83

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Has'v.	Diff. Res'v
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-30-83	12-12-83	4320'	4299'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4144' G.L.	San Andres P-2	4232'	4298'					
Perforations	Depth Casing Shoe							
4240' - 4290' 1 shot/ft. 50 shots total	4299'							
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	323' (8 jts.)	250 sks Class Cw/2# Ca-					
7 7/8"	5 1/2" 15.5# J-55 ST&C	4299' (108 jts.)	900sks Halliburton lite					
		200 sks 50/50 Poz. Circ	150 sks to pit					
	2 3/8" 4.7# J-55 Tubing	4298' (133 jts)	Production string					

V. 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 topalio
able for this depth or be for full 24 hours)

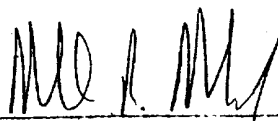
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-12-83	1-14-84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	30#	125#	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
35 BFPD	11	24	25

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
(Title)

24 April 1984

OIL CONSERVATION COMMISSION

APPROVED APR 30 1984, 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 deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-
able on new and re-completed wells.

Fill out only Sections I, II, III, and VI for changes of owner,
well name or number, or transportation or other such change of condition

INCLINATION REPORT

OPERATOR Murphy Operating Corporation ADDRESS P. O. Drawer 2648, Roswell, NM 88201
 LEASE NAME TLSAU "30" WELL NO. 9 FIELD Todd
 LOCATION Section 30, Township-7-South, Range-36-East

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
341	3/4	4.50	4.50
865	3/4	6.91	11.41
1362	3/4	6.56	17.97
1868	1/2	4.42	22.39
2351	3/4	6.37	28.76
2849	3/4	6.57	35.33
3340	1	8.59	43.92
3834	3/4	6.52	50.44
4086	3/4	3.32	53.76
4320	3/4	3.08	56.84

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 9th day of December, 19 83

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

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