

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
REGISTRATION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

Operator **MURPHY OPERATING CORPORATION**Address **P. O. Drawer 2648, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of Ownership
effective 12-1-84If change of ownership give name
and address of previous ownerOne Barclay Plaza, Suite 800
SUNDANCE OIL EXPLORATION COMPANY, 1675 Larimer Street, Denver, CO 80202

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Paye Federal	10	Tom Tom San Andres	Federal State, Federal or Fee	13419

Location

Unit Letter **J** : **1980** Feet From The **South** Line and **1980** Feet From The **East**Line of Section **4** Township **8 South** Range **31 East** , NMPM, **Chaves** County**SCURLOCK PERMIAN CORP EFF 9-1-91**

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐**The Permian Corporation Permian (Eff. 9/1/87)**Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐**Cities Service Company**

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1183, Houston, Texas 77001

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 300, Tulsa, Oklahoma 74102If well produces oil or liquids,
give location of tanks.

Unit	Sec.	Twp.	Rge.
	4	8-S	31-E

Is gas actually connected?

yes

When

2-28-79

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

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, RRB, RT, CR, 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)

Date 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 (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
above is true and complete to the best of my knowledge and belief.**MURPHY OPERATING CORPORATION****A. J. Murphy****President****January 4, 1985**

(Date)

OIL CONSERVATION DIVISION

JAN 14 1985

APPROVED _____, 19____

BY _____

ORIGINAL SIGNED BY J. T. SEXTON
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 deepen
well, this form must be accompanied by a tabulation of the deviate
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 recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner
well name or number, or transporter, or other such change of condition.

RECEIVED

JAN 10 1985

C.C.D.
HOBBS OFFICE