

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DESTINATION	
DATE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

**Change of Ownership
effective 12-1-84**Change of ownership give name and address of previous owner **One 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.
Grynberg Federal	3	East-Sieta San Andres	Federal	11329

Location

Unit Letter **D** : **660** Feet From The **North** Line and **660** Feet From The **West**Line of Section **14** Township **8 South** Range **31 East** , NMPM, **Chaves** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	14	8-S	31-E	no	

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, 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 (flow, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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**OIL CONSERVATION DIVISION
JAN 14 1985

APPROVED _____, 19__

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I 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 deviated 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 recompleted wells.

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

Form C-104 must be filed for each pool in multi-

RECEIVED

JAN 10 1985

O.C.D.
HOBBS OFFICE