| i | NO. OF COPIES MEC | t i v e n | l | |
|-----|-------------------|-----------|---|--|
| - [| DISTRIBUTION | | | |
| | SANTA FE | | | |
| | FILE | | | |
| | U.5.G.5, | | | |
| | LAND OFFICE | | | |
| | TRANSPORTER | OIL | | |
| ١ | | GAS | | |
| | OPERATOR | | | |
| ι. | PRORATION OFFICE | | | |
| (| | | | |

" YEW MEXICO OIL CONSERVATION COMMISS" Y REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| OIL | | - | | | | |
|--|---|---|---|--|--|--|
| TRANSPORTER GAS | · · | | | | | |
| OPERATOR | 7 | | | | | |
| PRORATION OFFICE | | | | | | |
| Operator | AT C. CODDOD & CLOW | | | | | |
| MURPHY MINERA | MURPHY MINERALS CORPORATION | | | | | |
| | P.O. Drawer 2164 Roswell, New Mexico 88201 | | | | | |
| Reason(s) for filing (Check proper box | | Other (Please explain) | , | | | |
| New Well | Change in Transporter of: | | | | | |
| Recompletion | Oil Dry Go | | ctive February 1, 1976 | | | |
| Change in Ownership X | Casinghead Gas Conder | hade Onange 15 eric | 501ve 1ebruary 1, 1970 | | | |
| If change of ownership give name | VEGA PETROLEUM CORPO | PATION. P.O. Box 2383 | , Midland, Texas 79701 | | | |
| and address of previous owner | VIGA I BINODESI. COM | | | | | |
| . DESCRIPTION OF WELL AND | LEASE | | | | | |
| Lease Name Tract #26 | Well No. Pool Name, Including Fo | | | | | |
| No Caprock Queen Unit | #1 7 Caprock 6 | Queen (Lea) State, Federa | d or Fee Fee | | | |
| Location | Nonth | ne and 1980 Feet From | The East | | | |
| Unit Letter G; 190 | BO Feet From The North Lin | reet From | 1110 | | | |
| Line of Section 7 To | waship 13S Range | 32E , NMPM, Le | a County | | | |
| | | | | | | |
| Name of Authorized Transporter of Ot | TER OF OIL AND NATURAL GA | Address (Give address to which appro | ved copy of this form is to be sent) | | | |
| NAVAJO REFINING | | No Freeman Ave., Art | | | | |
| Name of Authorized Transporter of Ca | singhead Gas or Dry Gas | Address (Give address to which appro | ved copy of this form is to be sent) | | | |
| , | | | | | | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? Wh | en | | | |
| give location of tanks. | A 6 13S 32E | | | | | |
| | th that from any other lease or pool, | give commingling order number: | | | | |
| COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Rosty, Diff. Resty. | | | |
| Designate Type of Completi | on – (X) | | | | | |
| Date Spudded | 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 Depth | | | |
| Lievensia (Et.) Kills, K.I., OK, Elei, | | | | | | |
| Perforations | | | Depth Casing Shoe | | | |
| | | D. G. W. W. T. W. C. | J., | | | |
| | CASING & TUBING SIZE | D CEMENTING RECORD DEPTH SET | SACKS CEMENT | | | |
| HOLE SIZE | CASING & FORMS SIZE | | | | | |
| | | | | | | |
| | | | | | | |
| | | | and much be equal to or ground town live | | | |
| V. TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be a able for this de | epth or be for full 24 hours) | and must be equal to or exceed top alian | | | |
| Date First New Oil Run To Tanks | Date of Test | Preducing Method (Flow, pump, gas l | ift, etc.) | | | |
| | | | Choke Size | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Chore Size | | | |
| Actual Prod. During Tool | Oil-Bble. | Water-Bbis. | Gae+MCF | | | |
| Actual Fish. Curing 1001 | | | | | | |
| | | | | | | |
| GAS WELL | | TRUE Condesses ANGS | Gravity of Condensate | | | |
| Actual Fred, Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Siderily of Condensate | | | |
| Testing Mothod (pitot, back pr.) | Tubing Processes (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | |
| Testing in the second property | | | | | | |
| . CERTIFICATE OF COMPLIANCE | | OIL CONSERV | OIL CONSERVATION COMMISSION | | | |
| | | APPROVED . 19 19 | | | | |
| I hereby cortify that the rules and | regulations of the Oil Conservation | 0 0 | Out of the | | | |
| Commission have been complied above is true and complete to th | with and that the information given to best of my knowledge and belief. | BY Jerry Souton | | | | |
| | | TITLE Dist 1, Supr. | | | | |
| <i>(</i>) | 1/1 | | This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly difficult or despensed well, this form must be accompenied by a tubulation of the deviation tests taken on the well in accordance with RULE 111. | | | |
| Klonold | Ke Xachors | and the second for allo | | | | |
| (Sig. | nature) | 11 44 44 1 Commonwealth & A. C. | | | | |
| Agent | , | All excitons of this form m | urt be filled out completely for allow- | | | |
| a | itle) | rble on new and recompleted visits. | | | | |

(Dute)

FIII out only Sections I. U. III, and VI for changes of aware, well name or number, or transporter, or other such thange of condition.