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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-11
Effective 1-1-65

Operator
MURPHY MINERALS CORPORATION

Address
P.O. Drawer 2164 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ **Change is effective February 1, 1976**

If change of ownership give name and address of previous owner **VEGA PETROLEUM CORPORATION, P.O. Box 2383, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tract #23	Well No. 14	Pool Name, including Formation Caprock Queen (Lea)	Kind of Lease State, Federal or Fee State	Lease No. B91714
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 6 Township 13S Range 32E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) No Freeman Ave., Artesia, New Mex. 88210					
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 A	Sec. 6	Twp. 13S	Rge. 32E	Is gas actually connected? No	When

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 Resv.	Diff. Resv.
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		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

VI. 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	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

Ronald L. Layton
(Signature)

Agent

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 10 1976**, 19

BY **John J. [Signature]**

TITLE **Executive Director**

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 110.
All sections of this form must be filled out completely for allowable on new and re-completed wells.
Fill out only Sections I, II, III, and VI for an area of owner, well name or number, or transporter or other such change of condition.