

STATE		
FEDERAL		
G.S.		
FIELD OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
ANADARKO PRODUCTION COMPANY
Address
P. O. BOX 67, Loco Hills, New Mexico 88255
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner
Bayco Operating Co.
MURPHY MINERALS CORPORATION, P.O. Box 2164, Roswell, NM 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Section	Including Formation	Kind of Lease	Lease No.			
Taylor	2	Maljamar	Grayburg, S.A.	State, Federal or Fee Fee				
Location	Unit Letter	M	330	Feet From The	W	990	Feet From The	S
Line of Section	30	Township	16S	Range	32E	NMPM	Lea	County

III. 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)					
Navajo Refining Co., Pipeline Division	Box 159, Artesia, New Mexico 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)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Trap	Edge	Is gas actually connected?	When
	N	25	16	31	no	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Dry Gas Well	Workover	Deepen	Plug Back	Some Restv.	Diff. Restv.
Date Spudded	Date Casing Ready to Prod.	Test Depth	FEET/D.				
Elevations (DB, RAB, RT, GR, etc.)	Name of Producing Formation	Test Gas Pay	Testing Depth				
Restrictions			Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be over 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	Orifice Size
Actual Prod. During Test	Oil-BBLs	Water-BBLs	GOR-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Testing Pressure (shut-in)	Casing Pressure (shut-in)	Orifice Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

MURPHY MINERALS CORPORATION

Bert H. Murphy

President

3/1/81

(Signature)

(Title)

(Date)

APPROVED _____, 19

BY _____, Director

TITLE _____, 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 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 owner, well name or number, or transporter, or other such change of condition.