

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
MURPHY OPERATING CORPORATION

Address
P. O. Box 2648, Roswell, New Mexico 88202-2648

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

THIS WELL HAS BEEN PLACED IN THE POOL
If change of ownership give name DESIGNATED BELOW. IF YOU DO NOT CONCUR
and address of previous owner NOTIFY THIS OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name SOUTH CORBIN FEDERAL	Well No. 1	Pool Name, including Formation West Corbin R. 8561 Upper Delaware Sandstone	Kind of Lease State, Federal or Fee Federal NM-61604	Lease No.
Location Unit Letter B : 455 Feet From The North Line and 2310 Feet From The East Line of Section 20 Township 18 South Range 33 East, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-9988					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 B	Sec. 20	Twp. 18-S	Rge. 33-E	Is gas actually connected? no, vented	When

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-671

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

MURPHY OPERATING CORPORATION

Lois N. Brown
(Signature)

Production Clerk
(Title)

June 1, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 20 1987, 19
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded 2-28-86	Date Compl. Ready to Prod. 5-20-86	Total Depth 11,392'		P.B.T.D. 11,356'					
Elevations (DF, RKB, RT, GR, etc.) 3860' RKB - 3842' GR	Name of Producing Formation Upper Delaware Sandstone	Top Oil/Gas Pay 4964'		Tubing Depth 7449'					
Perforations 4967', 4968', 4969', 4970', 4971', 4972', 4973', 4974', 4975'							Depth Casing Shoe 11,391'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-7/8"		13-3/8" 54.5# J-55		381'		420 sx. Class C Circ. 85 sx.			
		8-5/8" 24# & 32# J-55		2931'		1165 Lite 150 Class C			
7-7/8"		5-1/2" 17# N-80		11391'		circ. 110 sx.			
		2-7/8" 6.4# N-80		7449'					

V. 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 3-31-87	Date of Test 4-15-87	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure N.A.	Casing Pressure 10#	Choke Size 2"
Actual Prod. During Test 7 BF	Oil - Bbls. 2	Water - Bbls. 5	Gas - MCF TSTM

GAS WELL

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

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