STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

AMENDED

Form C-104
Revised 10-01-78
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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: MURPHY OPERATING CORPORATION

Address: P. O. Drawer 2648, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain): Amended to show producing interval as Bone Spring as determined by Paul Kautz w/OCD. & show pool as South Corbin Bone Sp

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

2-1-87

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
South Corbin Federal	1	South Corbin-Bone Spring Pool R-8388	State, Federal or Fee Federal	NM-61604

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 [X] or Condensate [ ]: 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 [ ] 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
	B	20	18-S	33-E	no, vented	

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

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)

November 3, 1986 (Date)

OIL CONSERVATION DIVISION

APPROVED NOV 5 1986, 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 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 Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-28-86	5-20-86	11,392'	11,356'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3860' RKB - 3842' GR	South Corbin-Bone Spring	7334'	7449'
Perforations			**Depth Casing Shoe**
7337', 7338', 7339', 7344', 7346', 7347', 7349', 7355', 8 holes 1 JSPF			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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
8-1-86	9-1-86	pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	N.A.	20#	2"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
30 BF	10	20	0

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**