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OIL CONSERVATION COMMISSION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

MURPHY OPERATING CORPORATION

Address

200 West First Street - Fourth Floor, P. O. Box 2248, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☐ Change In Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐ Change Effective January 1, 1983
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

LAYTON ENTERPRISES, INC., 3103 - 79th Street, Lubbock, Texas 79423

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Livaudais Federal	4	Todd Lower San Andres	State, Federal or Fee Federal	NM0139989
Location				
Unit Letter	F	1873.3 Feet From The West Line and	1980 Feet From The North	
Line of Section	30	Township	7S	Range
			36E	N.M.P.M. ROOSEVELT

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)
Mobil Pipe Line Company	P.O. Box 900 Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Cities Service Oil Company	Bluitt Gasoline Plant, Milnesand, NM 88125
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
M 30 7S 36E	Yes 6-2-67

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't. Prod. Re.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth				
Perforations			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top of
able 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	Testing Pressure	Casing Pressure	Choke Size
Actual Flow During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual First Test-MCF/D	Length of Test	Bole. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

John J. Murphy
(Signature)
President, Murphy Operating Corporation
(Title)

12-20-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 24 1983**
ORIGINAL SIGNED BY
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 test
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
wells on new and re-completed wells.

Fill out only Sections I, II, III, and VI for changes of well
well name or number, or transporter, or other such change of condition.