

REGISTRATION	
TRANSFER	
OPERATION	
REGISTRATION OFFICE	

P. O. BOX 2088  
SANTA FE, NEW MEXICO 8750

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MURPHY OPERATING CORPORATION

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change In Transporter of:   
 Recombination  Oil  Dry Gas  Change Effective January 1, 1983   
 Change In Ownership  Coalhead Gas  Condensate

Change of ownership give name and address of previous owner: LAYTON INTERPRISES, INC., 3103 - 79th Street, Lubbock, Texas 79423

DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
11	Caprock Queen (Lea)	State	OG 1922

Location

Unit Letter K : 1880 Feet From The South Line and 1980 Feet From The West

Line of Section 7 Township 13S Range 32E , N.M.P.M. Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NAVAJO REFINING COMPANY	N. Freeman Ave., Artesia, New Mexico 88210
Name of Authorized Transporter of Coalhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	6	13S	32E	No	

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 Reservoir Int. Recov.
(X)							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Deviations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

NEW WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Crack Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

OLD WELL

Length of Test	Rate Condensate/MCF	Gravity of Condensate	
Crack Size	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Crack Size

STATEMENT 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.

*Andrew J. Murphy*  
(Signature)

President, Murphy Operating Corporation

12-30-82  
(Date)

OIL CONSERVATION COMMISSION  
**JAN 24 1983**  
 APPROVED ORIGINAL SIGNED BY  
 EDDIE W. SEAY  
 BY \_\_\_\_\_  
 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 available tests taken on the well in accordance with RULE 1104.  
 All sections of this form must be filled out completely for effect. Only one set may be completed for a well.  
 Fill out only Sections I, IV, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions.

RECEIVED

DEC 28 1982

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