[illegible]		
[illegible]		
[illegible]		
[illegible]		
[illegible]		
TRANSPORTER	OIL	
	GAS	
[illegible]		
[illegible] OFFICE		

P. O. BOX 2088
SANTA FE, NEW MEXICO 875

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

[illegible]or

MURPHY OPERATING CORPORATION

[illegible]ress

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

[illegible]son(s) for filing (Check proper box)

- [illegible] Well ☐
- [illegible]completion ☐
- [illegible]ge in Ownership ☒
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change Effective January 1, 1983

[illegible]hange of ownership give name and address of previous owner LAYTON ENTERPRISES, INC., 3103 - 79th Street, Lubbock, Texas 79423

[illegible]SCRIPTION OF WELL AND LEASE

[illegible] Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Tract #1 N. Caprock Queen Unit #1	16	Caprock Queen (Lea)	State, Federal or Fee State	

[illegible]cation

Unit Letter P : 660 Feet From The South Line and 810 Feet From The East

Line of Section 30 Township 12S Range 32E , NMPM, LEA County

[illegible]SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

[illegible]me of Authorized Transporter of Oil ☐ or Condensate ☐ — Address (Give address to which approved copy of this form is to be sent)

Water Injection Well

[illegible]me of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ — Address (Give address to which approved copy of this form is to be sent)

[illegible] well produces oil or liquids, [illegible]ve location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

[illegible]his production is commingled with that from any other lease or pool, give commingling order number:

[illegible]MPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

[illegible]te Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
[illegible]evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
[illegible]rforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

[illegible]ST 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)

[illegible] WELL

[illegible]te First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
[illegible]gth of Test	Tubing Pressure	Casing Pressure	Choke Size
[illegible]ctual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

[illegible]AS WELL

[illegible] Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
[illegible]ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

[illegible]FICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation [illegible]ssion have been complied with and that the information given [illegible]ove is true and complete to the best of my knowledge and belief.

Ann J. Murphy
(Signature)

President, Murphy Operating Corporation
(Title)

12-20-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 24 1983, 19

BY ORIGINAL SIGNED BY EDDIE W. SEAY

TITLE OIL & GAS INSPECTOR

This form is to be filled 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 operator, well name or number, or transporter, or other such change of condition