

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MURPHY OPERATING CORPORATION

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

Reason(s) for filing (Check proper box)

New Well ☐ Change In Transporter of ☐ Injection Well
Recompletion ☐ Oil ☐ Dry Gas ☐ Change Effective January 1, 1983
Change In Ownership ☒ Coalhead 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 Tract #11 Well No. 12 Pool Name, Including Formation Caprock Queen (Lea) Kind of Lease State, Federal or Free State Lease No.
Location N. Caprock Queen Unit #1

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West

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

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)

Name of Authorized Transporter of Coalhead 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

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 fresh, but fresh

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 Tubing 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 allowable 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 Tubing Pressure Casing Pressure Casing Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Date Condensate/MCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Casing 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.

Chas J. Murphy
(Signature)

President, Murphy Operating Corporation

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, high-pressure well, this form must be accompanied by a tabulation of the shut-in tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for effect. This form may not be completed twice.

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

RECEIVED
DEC 28 1982
F. B. I.
HONOLULU OFFICE