

## OIL CONSERVATION DIVISION

P. O. BOX 2078

SANTA FE, NEW MEXICO 87501

|                  |  |
|------------------|--|
| NAME OF OPERATOR |  |
| ADDRESS          |  |
| CITY             |  |
| STATE            |  |
| ZIP              |  |
| TYPE OF WELL     |  |
| TRANSPORTER      |  |
| OPERATION        |  |
| PRODUCTION       |  |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS (3)

MURPHY OPERATING CORPORATION

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

Reason for filing (Check proper box)

|                     |                                     |                                                                               |
|---------------------|-------------------------------------|-------------------------------------------------------------------------------|
| New Well            | <input type="checkbox"/>            | Change in Transporter of                                                      |
| Completion          | <input type="checkbox"/>            | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>                 |
| Change in Ownership | <input checked="" type="checkbox"/> | Coastinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

Other (Please explain)

Change Effective January 1, 1983

Change of ownership give name  
and address of previous owner

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

## DESCRIPTION OF WELL AND LEASE

|              |          |                                |                               |           |
|--------------|----------|--------------------------------|-------------------------------|-----------|
| Well Name    | Well No. | Pool Name, Including Formation | Kind of Lease                 | Lease No. |
| Mark Federal | 7        | Todd Lower San Andres          | State, Federal or Fee Federal | C062529-A |

Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East

Line of Section 25 Township 7S Range 35E NMPM, ROOSEVELT 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) |
| Mobil Pipe Line Company                                                                                                    | P.O. Box 900, Dallas, Texas 75221                                        |
| Name of Authorized Transporter of Coastinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Cities Service Oil Company                                                                                                 | Bluitt Gasoline Plant, Milnesand, NM 88125                               |
| Well produces oil or liquids,<br>give location of tanks.                                                                   | Is gas actually connected? When                                          |
| 0 25 7S 35E                                                                                                                | Yes 4-4-67                                                               |

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 | Full Fresh |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |            |            |
| Revisions (DF, RAB, RT, GR, etc.)  | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth      |          |        |           |            |            |
| Revisions                          |                             |                 | Depth Casing Shoe |          |        |           |            |            |

## TUBING, CASING, AND CEMENTING RECORD

| POLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE  
ON 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                  | Testing Pressure | Casing Pressure                               | Circle Size |
| Actual Prod. During Test        | Oil-Bbls.        | Water-Bbls.                                   | Gas-MCF     |

## GAS WELL

|                                 |                            |                           |                       |
|---------------------------------|----------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D         | Length of Test             | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (part, back pr.) | Testing Pressure (psig-in) | Casing Pressure (psig-in) | Circle 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.

*Ann J. Murphy*  
(Signature)  
President - Murphy Operating Corporation  
(Title)  
12-20-82  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED **JAN 24 1983**  
ORIGINAL SIGNED BY  
EDDIE W. SEAY  
BY  
TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with N.M.C. 1104.

If this is a request for allowable for a newly drilled, lost or deepened well, this form must be accompanied by a tabulation of the production tests taken on the well in accordance with N.M.C. 111.

All sections of this form must be filled out completely for allowable on new well to be completed well.

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.