SANTA FE FILE U.S.G.S.	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55 GAS
LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE			
Operator LAYTON ENTERPRI	SES INC		
Address			
Reason(s) for filing (Check proper bo	reet, Lubbock, Texas 79423 */	Other (Please explain)	
New Well	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder		ve September 8, 1976
If change of ownership give name and address of previous owner	MURPHY MINERALS CORPORATI	ON, P.O. Drawer 2164, R	oswell, New Mexico 88201
DESCRIPTION OF WELL AND	Vell No. Pool Name, Including F	ormation Kind of Lea	ise Lease No.
Val State	1 Todd Lower	San Andres State, Fode	ral or Fee State 0G-1617
	980 Feel From The South Lin	e and 1980 Feet From	The East
Line of Section 30 To	ownship 75 Range 3	6E , ммрм, Ri	OOSEVELT County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	is	•
Name of Authorized Transporter of O	II X or Condensate	Address (Give address to which app	roved copy of this form is to be sent)
		P.O. Box 900, Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent)	
Cities Service Oil Com	Dany Unit Sec. Twp. Pge.		, Milnesand, N.M. 88125
lf well produces oil or liquids, give location of tanks.	J 30 7S 36E	Yes	6-29-67
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,		
Designate Type of Complet	ion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v, Dill. Res'v.
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		۹ ۰	Depth Casing Shoe
	TUBING, CASING, ANI CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE			
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours)	il and must be equal to or exceed top allow-
Dute First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gcs	<i>ujt, etc.)</i>
Length of Test	Tubing Pressure	Casing Pressure	Choka Size
Actual Prod. During Test	Oll-Bbis.	Water - Bble.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chok+ Siz+
CERTIFICATE OF COMPLIA	NCE		
I haveby certify that the rules and regulations of the Oil Conservation		APPROVED	
Commission have been complied	with and that the information given he best of my knowledge and belief.	BYOrig. Signed by	
		TITLE John Runyan Geologist	
President - Layton Enterprises, Inc.		This form is to be filed in compliance with RULE 1104.	
(Signosture)		If this is a request for anomable by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULZ 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
President - Layton Enterprises, Inc.			
9-17-76		Fill out only Sactions I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
(Date)		Separate Forma C-104 must be filed for each pool in multiply	

Separate Form completed wells.