

## OIL CONSERVATION DIVISION

Revised 10-1-77

P. O. BOX 2000

SANTA FE, NEW MEXICO 87500

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

MURPHY OPERATING CORPORATION

Address

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

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☐

Change in Transporter of

Recompletion ☐Oil ☐Dry Gas ☐

Change Effective January 1, 1983

Change in Completion ☒Casinghead Gas ☐Condensate ☐

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    | Well No. | Pool Name, including Formation | Kind of Lease                 | Lease #  |
|---------------|----------|--------------------------------|-------------------------------|----------|
| Baetz Federal | 5        | Bluitt San Andres Associated   | State, Federal or Fee Federal | NM044216 |

Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The North WestLine of Section 13 Township 8S Range 37E NMPM. Roosevelt Count

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (One address to which approved copy of this form is to be sent)

Mobil Oil Company

Box 900, Dallas, Texas 75221

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

Cities Service Oil Company

Bluitt Gasoline Plant, Milnesand, NM 88125

If well produces oil or liquid,  
give location of tanks.

| Unit | Sec. | Twp. | Rge. |
|------|------|------|------|
| F    | 13   | 8S   | 37E  |

Is gas actually connected?

Yes

May 1969

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 | Stake Reservoir | Test Res. |
|---------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-----------------|-----------|
| (X)                                   |                             |          |                 |          |                   |           |                 |           |
| Date of Completion                    | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |                 |           |
| Elevations (OF, P.K.B., RT, CR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          | Testing Depth     |           |                 |           |
| Perforations                          |                             |          |                 |          | Depth Casing Shoe |           |                 |           |

## TUBING, CASING, AND CEMENTING RECORD

| POLE 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 oil rate for this depth or be for full 24 hours)

## OIL WELL

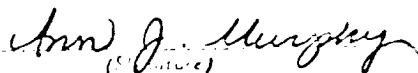
| Note First New Oil Run To Tanks | Date of Test     | Producing Method (Flow, pump, lift, etc.) |
|---------------------------------|------------------|-------------------------------------------|
|                                 |                  |                                           |
| Length of Test                  | Testing Pressure | Casing Pressure                           |
|                                 |                  |                                           |
| Actual Flow During Test         | Oil-Bbls.        | Water-Bbls.                               |
|                                 |                  |                                           |
|                                 |                  | Gas-MCF                                   |
|                                 |                  |                                           |

## GAS WELL

| Note First Test-MCF/D             | Length of Test             | Enter Condensate/MCF      | Gravity of Condensate |
|-----------------------------------|----------------------------|---------------------------|-----------------------|
|                                   |                            |                           |                       |
| Testing Pressure (psig, back pr.) | Testing Pressure (psig-in) | Casing Pressure (psig-in) | Choke 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 here is true and complete to the best of my knowledge and belief.



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 &amp; 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 flow test data taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and re-completed wells.

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

41077

RECEIVED  
DEC 28 1982  
HALL-ORANGE