

NAME OF OPERATOR	
REGISTRATION NUMBER	
DATE OF REGISTRATION	
FILE	
USE OF	
DATE OF USE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

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)

New Well ☐ Change In Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change Effective January 1, 1983

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Skelly Smith State	3	Todd Lower San Andres	State, Federal or Fee State	E-8948
Location	Unit Letter	Feet From The	Line and	Feet From The
	H	1830	North	660
			Line and	East
Line of Section	Township	Range	NMPM	ROOSEVELT
31	7S	36E		

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)					
Mobil Pipe Line Company	P. O. 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	Bluff Gasoline Plant, Milnesand, NM 88125					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	31	7S	36E	Yes	

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	Same as Prev. Prod. Rate
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

MOLE 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 of able 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
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 (flow, back prod.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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 above is true and complete to the best of my knowledge and belief.

President, Murphy Operating Corporation

12-20-82

OIL CONSERVATION COMMISSION

JAN 24 1983

APPROVED

ORIGINAL SIGNED 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 or deepened well, this form must be accompanied by a tabulation of the flow test 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 well name or number, or transporter, or other such change of condition.

RECEIVED
DEC 28 1982
C.C.O.
HOBBS OFFICE