

REGISTRATION	
DATE	
FILE	
WELL	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	

P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MURPHY OPERATING CORPORATION

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change In Transporter of ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change In Ownership ☒	Casinghead Gas ☐ Condensate ☐

Change Effective January 1, 1983

Change of ownership give name and address of previous owner LAYTON INTERPRISES, INC., 3103 - 79th Street, Lubbock, Texas 79423

DESCRIPTION OF WELL AND LEASE

Lease Name	Tract #21	Well No.	5	Pool Name, Including Formation	Caprock Queen (Lea)	Kind of Lease	State, Federal or Fee	State	Lease No.	B-9171-1
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Unit Letter	E	: 1980 Feet From The	North	Line and	660 Feet From The	West			
Line of Section	5	Township	13S	Range	32E	N.M.P.M.	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)
NAVAJO REFINING COMPANY	N. Freeman Ave., Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	6	13S	32E	No	

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 Res't.	Full Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Perforations (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

(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	Circle Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Date First Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (flow, back prod.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-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 is true and complete to the best of my knowledge and belief.

Ann J. Murphy
(Signature)

President, Murphy Operating Corporation

(Date)

12-20-82

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 24 1983, 19

BY 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 flowmeter tests taken on the well in accordance with RULE 1101.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transportation, or other such change of conditions.

RECEIVED

DEC 28 1982

O.C.D.
HOBBS OFFICE