

NO. OF TUBING SPACERS	
SPACER NUMBER	
SPACER FEET	
TYPE	
USING	
SPACER OFFICE	
TRANSPORTER	
DATE	
OPERATION	
FORMATION OFFICE	

OIL CONSERVATION COMMISSION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

MURPHY OPERATING CORPORATION
Address

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 Effective January 1, 1983
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

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 #22	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
N. Caprock Queen Unit #1	11	Caprock Queen (Lea)	State, Federal or Fee	State	B-9171-4

Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West
Line of Section 6 Township 13S Range 32E, NMPLA, 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)

(If well produces oil or liquid, 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	Same hole's	Diff. hole's
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 allowable for this depth or be for full 24 hours)

Note First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke 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 (pilot, back pr.)	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.

Ann J. Murphy
(Signature)
President, Murphy Operating Corporation
(Title)
12-20-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 24 1983
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 reworked well, this form must be accompanied by a tabulation of the density of tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely on allowable and non-completed wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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