| HD. OF COPICS RECEIVED DISTRIBUTION | | | ONSERVATION COMMIS FOR ALLOWABLE AND | <u>ب</u> و ، | Form C-104 Supersedes Old Effective 1-1-65 | |
|--|--------------------------------------|------------------------------------|---|---------------------------------|--|-----------------|
| U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PROBATION OFFICE | AUTHORIZ | ATION TO TRA | NSPORT OIL AND N | ATURAL G | AS | |
| Operator LAYTON ENTERPRI | SES, INC. | | | | | |
| Address 3103 - 79th Str | | . Texas 79423 | ; ; | ······· | | |
| Reason(s) for filing (Check proper bo | | | Other (Please | explain) | · · · · · · · · · · · · · · · · · · · | |
| New Well Recompletion Change in Ownership X | Change in Tra Oil Casinghead G | Dry Ga | | Effectiv | e September 8 | 3, 1976 |
| If change of ownership give name and address of previous owner | MURPHY MINERA | LS CORPORATI | ON, P.O. Drawer | 2164, Ro | swell, New Mexi | <u>co</u> 88201 |
| DESCRIPTION OF WELL AND Lease Name Tract # | 27 Well No. Poo | ol Name, Including Fo | | Kind of Lease State, Føderal | _ | Lease No. |
| No.Caprock Queen Unit | <u>#19</u> | Caprock Quee | n (Lea) | | or Fee Fee |] |
| Unit Letter I : 19 | 80 Feet From T | he South Lin | e and 660 | _Eeet From T | _{"he} East | |
| Line of Section 7 To | ownship 135 | Range 3 | 2Е, ммрм, | Lea | | County |
| DESIGNATION OF TRANSPOR | TER OF OIL AN | D NATURAL GA | S | | | |
| Name of Authorized Transporter of Oll X or Condensate | | | Address (Give address to | | , New Mexico 88 | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | | | Address (Give address to | which approv | ed copy of this form is to | be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. | Twp. P.ge. 13S 32E | Is gas octually connected NO | 1? ¡Whe | 'n | |
| If this production is commingled w COMPLETION DATA | ith that from any of | ther lease or pool, | give commingling order | number: | | |
| Designate Type of Complet | ion - (X) | ell Gas Well | New Well Workover | Deepen | Plug Back Same Res | v. Diff. Res |
| Date Spudded Date Compl. Ready to Prod. | | Total Depth | · · · · · · · · · · · · · · · · · · · | P.B.T.D. | i | |
| Elevations (DF, KKB, RT, GR, etc.) Name of Producing Formation | | | Top O!l/Gas Pay | | Tubing Depth | |
| Perforations | <u> </u> | | | | Depth Casing Shoe | |
| | | | CEMENTING RECOR | > | J | |
| HOLE SIZE | CASING & | TUBING SIZE | DEPTH SE | <u>T</u> | SACKS CEM | ENT |
| | | | | | | |
| | | | | | | k |
| TEST DATA AND REQUEST I OIL WELL | FOR ALLOWABL | E (Test must be a able for this de | fter recovery of total volum pth or be for full 24 hours, Producing Method (Flow, | | | xceed top all |
| 1 | | | | | Choke Size | <u></u> |
| Longth of Tost | Tubing Pressure | | Casing Pressure | | | |
| Actual Prod. During Test | Oil-Bbls. | | Water - Bble. | | Gas - MCF | |
| | l | | | | | · |
| GAS WELL Actual Prod. Tost-MCF/D | Length of Test | | Bbls. Condensate/MMCF | • | Gravity of Condensate | |
| Testing Method (pitot, back pr.) | Tubing Pressure (| Shut-in) | Casing Pressure (Shut- | ·in) | Choke Size | <u></u> |
| CERTIFICATE OF COMPLIA | NCE | | OIL C | ONSERVA | TION COMMISSION | N |
| I hareby 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. | | | APPROVED, 19 | | | |
| | | | BYOrig. Signed by | | | |
| in the star to prove the second se | - | | TITLE | jona rub Geologi | st | |
| Λ . | Al- | 1 | This form is to | be filed in (| compliance with RULE | 1104. |
| bouald 1 | a Jack | N | I this form must | ha accomos | vable for a newly drille nied by a tabulation o | I film designed |
| President - Layton En | terprisés, In | IC | toats taken on the t All sections of | this form mu | ist be filled out comple | |
| 8-1 | (iile) K - 76 | | able on new and re- | completed W | alls. I III and VI for chas | nges of own |
| | Date) | | well name or number | , or transpor | ter, or other such chang it be filed for each p | |

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