

REGISTRATION		
DATE		
FILE		
CLASS		
EXPIRATION		
TRANSFER		
OPERATION		
REGISTRATION OFFICE		

P. O. BOX 2000
SANTA FE, NEW MEXICO 875

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

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)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

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 #26	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
	N. Caprock Queen Unit #1	8	Caprock Queen (Lea)	State, Federal or Fee State	

Location

Unit Letter H : 1897 Feet From The North Line and 723 Feet From The East

Line of Section 7 Township 13S Range 32E, NMPM, 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)

Does well produce 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)

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Revisions (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing 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
ON WELL

(Test must be after recovery of total volume of lost 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	Coke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Test Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, Back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Coke 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)

12-20-82

(Date)

OIL CONSERVATION COMMISSION

JAN 24 1983

APPROVED

ORIGINAL SIGNED BY

BY

EDDIE W. SEAY

OIL & GAS INSPECTOR

TITLE

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 pressure tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely on either side on new and recompleted 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 conditions.