

1.) CORPORATION NAME:

MURPHY OIL USA, INC.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1127770**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 PEACH STREET

CITY/ST/ZIP: ELDORADO, AR 71730

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	R. A CLYDE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3314 PRINCETON AVE		
CITY/ST/ZIP/CO:	DALLAS, TX 75205		

NAME:	W K COMPTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1015 N. WEST AVE		
CITY/ST/ZIP/CO:	EL DORADO, AR 71730		

NAME:	M CHENG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2337 HINSON RD		
CITY/ST/ZIP/CO:	EL DORADO, AR 71730		

NAME:	J A GOODWIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	504 E.14TH STREET		
CITY/ST/ZIP/CO:	EL DORADO, AR 71730		

NAME:	S F HUNKUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	608 ROXBURGH DR		
CITY/ST/ZIP/CO:	COLLIERVILLE, TN 38017		

NAME:	J C RUDOLFS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6000 HOPKINS NECK RD		
CITY/ST/ZIP/CO:	EASTON, MD 21601		

NAME: M K WEST TITLE: CFO ADDRESS: 264 RAINWATER RD CITY/ST/ZIP/CO: EL DORADO, AR 71730	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: J A MOORE TITLE: ASST SECRETARY ADDRESS: 2316 RIDGEWOOD CITY/ST/ZIP/CO: EL DORADO, AR 71730	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: S. A. COSSE TITLE: DIRECTOR ADDRESS: 2406 PATHWAY CITY/ST/ZIP/CO: EL DORADO, AR 71730	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ M K WEST	M K WEST, CFO	4/25/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		