Instruction 1(b)

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	205/10
Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Num	ber:	3235-0362						
Estimated	average l	ourden						

Form 3	Holdings Rep	orted.											Liiot	aro per r	сэропэс.	1.0	
_	1 Transactions		Fil	ed pursuant to or Sectio					urities Excha Company Ac							,	
1. Name and Address of Reporting Person* <u>ECKART JOHN W</u>					2. Issuer Name and Ticker or Trading Symbol MURPHY OIL CORP /DE [MUR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 200 PEACH STREET					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2007							X Officer (give title below) Other (specify below) Vice President & Controller				v)`	
P.O. BOX 7000				_ 4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)						′ I	6. Individual or Joint/Group Filing (Check Applicable					
(Street) EL DORADO AR 71731-7000				_								X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) (Zip)														
		Tab	e I - Non-Deriv	vative Sec	uriti	es A	cquire	ed, D	isposed	of, or	Benefici	ally Owne	d				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		if any Co		Tran Cod	3. 4. Securities Acqu Transaction Code (Instr. 8) 4. Securities Acqu Of (D) (Instr. 3, 4 a			or Disposed	5. Amount of Securities Beneficially Owned at end of		Ownership In Form: Direct E		. Nature of ndirect Seneficial Ownership				
				(MOIIII/Day			(Month/Day/Year) 8)		unt	(A) or (D)	Price	Issuer's	Issuer's Fiscal Year (Instr. 3 and			Instr. 4)	
Common	Stock		12/31/2007				J ⁽¹⁾		38	A	\$ <mark>0</mark>	22,	975		D		
Common	Stock	12/31/2007 J ⁽²⁾ 197 A		A	\$0	6,217			I	Γrustee, Company Γhrift Plan							
		Ta	able II - Deriva (e.g., p	tive Secu outs, calls			• '	•	•	•		y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv	vative rities rired r osed)	Expiration (Month/Dairties red sed 3, 4		Date Exercisable and piration Date on the piration Date on the piration part of the piration o		and c of es ing ve Security and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Phantom Stock Unit	\$0 ⁽³⁾	12/31/2007		J	62		(4)		(4)	Commo Stock	n 62	\$0 400)	D		

Explanation of Responses:

- 1. Shares obtained through Company Employee Stock Purchase Plan.
- 2. Shares obtained through Company Thrift Plan.
- 3. Each phantom stock unit is the economic equivalent of one (1) share of Murphy Oil Corporation common stock.
- 4. The reported phantom stock units were acquired under Murphy Oil Corporation's excess benefit plan and are to be settled upon the reporting person's retirement or other termination of service. The reporting person may transfer the value of his phantom stock units into an alternative investment acount at any time prior to settlement.

Remarks:

/s/ Walter K. Compton, 02/01/2008 Attorney-in-Fact

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.