

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-3935

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Haley Chaveroo San Andres Unit Section 34
2. Name of Operator MURPHY OPERATING CORPORATION	8. Well No. 13.
3. Address of Operator P. O. Drawer 2648, Roswell, New Mexico 88202-2648	9. Pool name or Wildcat Chaveroo San Andres
4. Well Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>090</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>7 South</u> Range <u>33 East</u> NMPM <u>Roosevelt</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Return well to producing status. <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6-13-1989 Changed pump and returned well to production, effective June 15, 1989.
to
6-15-1989

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Donna Bauer TITLE Production Supervisor DATE 7-11-1989
TYPE OR PRINT NAME Donna Bauer TELEPHONE NO. (505)623-7210

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL 17 1989

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 14 1989

**OCD
HOBBS OFFICE**