

UNITED STATES N. M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM-044216

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Bluitt San Andres Unit

8. FARM OR LEASE NAME
Bluitt San Andres Unit Sec. 13

9. WELL NO.
7

10. FIELD AND POOL, OR WILDCAT
Bluitt San Andres Assoc.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 13, T8S, R37E

12. COUNTY OR PARISH
Roosevelt

13. STATE
New Mexico

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—" for such proposals.)

1. OIL WELL GAS WELL OTHER Injection Well

2. NAME OF OPERATOR
MURPHY OPERATING CORPORATION

3. ADDRESS OF OPERATOR
P. O. Drawer 2648, Roswell, NM 88202-2648

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
Unit Ltr. G, 1980' FNL & 1980' FEL, Sec. 13, T8S, R37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, GR, etc.)
3999.4' GR

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WELLS SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) convert to injection well <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

RU PU. TOH w/4698.6' (149 jts.) 2-3/8" 4.7# J-55 tubing. TIH w/AD-1 packer and set 4525'. Acidize w/2,000 gals. 15% NeFe. Drop 30 ball sealers - no ball action. Flush w/22 bbls. fresh water. ISIP - well on vacuum. Maximum rate - 4.2 BPM, average rate - 3.9 BPM. Maximum pressure - 0 psi, average pressure - 0 psi. Release packer and TOH w/tubing and lay down packer. TIH w/tubing, pump and rods.

Conversion to injection approved by OCD Order No. R-8117.

RU PU. Unseat pump. TOH. Lay down rods and pump. Nipple down wellhead. Change elevator. Lay down production tubing. TIH w/AD-1 packer. Set at 4510'. Load annulus w/packer fluid and pressure test to 300 psi for 30 minutes. Rig down. Install wellhead and begin injection.

18. I hereby certify that the foregoing is true and correct

SIGNED Melinda K. Hickman TITLE Production Supervisor DATE 9-26-88
Melinda K. Hickman

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO LIKE APPROVAL BY STATE

*See Instructions on Reverse Side

APPROVED
DATE
PETER W. CHESTER
OCT 19 1988
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED

OCT 24 1968

**OCD
HOBBS OFFICE**

Well 13-7
7-16-88
Spot - differential
Test SS 300 FSI

