

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2086
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-75

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name NORTH CAPROCK QUEEN UNIT
2. Name of Operator MURPHY OPERATING CORPORATION	8. Farm or Lease Name NORTH CAPROCK QUEEN UNIT
3. Address of Operator P. O. Drawer 2648, Roswell, New Mexico 88201	9. Well No. #/ Tract #27, Well #10 Y
4. Location of Well UNIT LETTER <u>J</u> <u>2630</u> FEET FROM THE <u>South</u> LINE AND <u>1330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>7</u> TOWNSHIP <u>13 South</u> RANGE <u>32 East</u> NMPM.	10. Field and Pool, or Wildcat Caprock Queen (Lea)
15. Elevation (Show whether DF, RT, GR, etc.) 4387' KB	12. County Lea

16. 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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

10-8-84 - Hot watered well w/35 bbls. wtr. dn. csg. w/2 gals. soap w/2 gals. B-87 Chem. & 2 gals. B-122 scale inhibitor chem. Well pumping.

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

SIGNED Lois N. Brown TITLE Production Records DATE April 9, 1985
Lois N. Brown

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APR 11 1985

APPROVED BY _____ TITLE _____ DATE _____