

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU LAND MANAGEMENT  
P.O. BOX 1982

NO60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

N.M. OIL CONS. COM. ON  
NM-15019

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS FOR OIL AND GAS WELLS  
ROSWELL, NEW MEXICO 88240

(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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR  
Murphy Operating Corporation

3a. Area Code & Phone No.  
505-623-7210

8. FARM OR LEASE NAME  
Cone Federal

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

9. WELL NO.  
# 27

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

10. FIELD AND POOL, OR WILDCAT  
Tomahawk San Andres

Unit Ltr. L, 1980' FSL, 610' FWL, Sec. 19, T7S, R32E

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 19, T7S, R32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)  
4390' GL, 4402' KB

12. COUNTY OR PARISH  
Roosevelt

13. STATE  
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF   
FRACTURE TREAT   
SHOOT OR ACIDIZE   
REPAIR WELL   
(Other) Request for TA

PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON\*   
CHANGE PLANS

SUBSEQUENT REPORT OF:

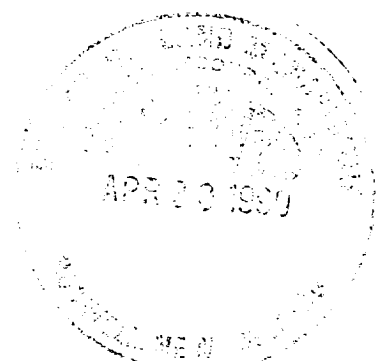
WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING   
(Other)

REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*

(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.)\*

We hereby request approval of the Cone Federal # 27 well be temporarily abandoned.



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

SIGNED

*Lori Brown*  
LORI BROWN

TITLE

Production Supervisor

DATE

4/27/90

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD  
ENDING MAY 23 1991

\*See Instructions on Reverse Side

APPROVED  
PETER W. CHESTER  
DATE  
MAY 23 1990  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA