

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
33240 AM-15678

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

2. NAME OF OPERATOR
MURPHY OPERATING CORPORATION

7. UNIT AGREEMENT NAME

3. ADDRESS OF OPERATOR
P. O. Drawer 2648, Roswell, New Mexico 88201

8. FARM OR LEASE NAME
Ingram Federal

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

9. WELL NO.
1-Y

Unit A , 554' FNL, 554' FEL Sec. 5, T-8S, R-31E

10. FIELD AND POOL, OR WILDCAT
Tom-Tom San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 5, T-8S, R-31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4263' GL

12. COUNTY OR PARISH
Chaves

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | |

SUBSEQUENT REPORT OF:

| | | | |
|----------------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) Change of Operator | <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.)*

Notice of change of operator to Murphy Operating Corporation from Sundance Oil Exploration Company, effective December 1, 1984.

I hereby certify that the foregoing is true and correct

SIGNED Lois N. Brown

TITLE Production Records

DATE February 8, 1985

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PETER W. CHESTER

JUN 7 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

RECEIVED

JUN 12 1985

O.C.D.
HOBBS OFFICE