| | = | RECEIVED | |
|---|--|--|--|
| Jeepen or reentry to a | Expires: March 31, 1993 | MAY 27 2011 | |
| oroposals. | | | |
| | 5. Lease Number: NM-02758 | Sureau of Land Managen | |
| | 6. If Indian, allottee or Tribe | Name: | |
| AS COMPANY LP | 7. Unit Agreement Name: | | |
| 3. Address and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499 (505) 326-9700 | | 8. Well Name and Number: MURPHY D 100S | |
| | 9. API Well No. | | |
| S: 27 T: 030N R: 011W U: L | | | |
| | | LAND COAL | |
| | 11. County and State: SAN JUAN, NM | | |
| NATURE OF NOTICE, REPOI | RT, OTHER DATA | | |
| Recompletion | Change of Plans | | |
| X Subsequent Report Plugging Back | | New Construction | |
| Casing Repair | Non-Routine Fracturing | | |
| Altering Casing X Other-First Delivery | Water Shut Off Conversion to Injection | | |
| ons | | | |
| and produced natural gas and e | ntrained hydrocarbons. | | |
| 「DELIVERED | | RECEIVED DIN 2011 18 19 | |
| Initial MCF: 1000 | | AECEIVED & | |
| | \ | ST UIL CONS. DIV. DIST 3 8 | |
| | | C. Telo. | |
| and correct. | | 65654561100 | |
| | | | |
| Title: Staff Regula | atory Tech. Date: 5/26/20 | | |
| | ACCEP | TED FOR RECORD | |
| Title: | Date: | <u>AY 2 7 2011 </u> | |
| | | GZANARED OFFICE | |
| | U: L ENATURE OF NOTICE, REPORATION Recompletion Plugging Back Casing Repair Altering Casing X Other-First Delivery Ons and produced natural gas and eart DELIVERED Initial MCF: 1000 and correct. Title: Staff Regular | Budget Bureau No. 1004-0135 deepen or reentry to a Expires: March 31, 1993 proposals. 5. Lease Number: | |

Submitted in lieu of Form 3160-5 (June 1990)

UNITED STATES