

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection Well		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-585
2. NAME OF OPERATOR Murphy Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR 200 Jefferson Avenue El Dorado, Arkansas		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2474' from the South Line and 133' from the East Line.		8. FARM OR LEASE NAME Navajo "AA"
14. PERMIT NO. Order No. R-2795		9. WELL NO. 18
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup Lower Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18-T32N-R17W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

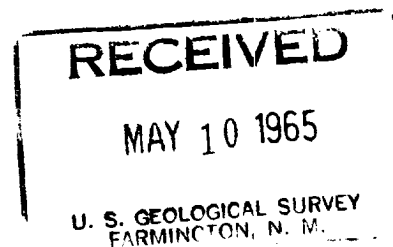
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Use for water injection		(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.)*

Approval for drilling this well has been made in order #R-2795 and application forms have been filed.

The plan is to drill through the Lower Gallup Formation, cement 4 1/2" casing to total depth, perforate the Gallup formation, and break the formation down with water. The 4 1/2" O.D. casing will be swedged to 2' on the surface and water injected down the casing string.



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

SIGNED *L. L. Quinn* TITLE **Production Superintendent** DATE **April 23, 1965**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: