

**UNITED STATES DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**  
N. M. STATE COMMISSION  
P.O. BOX 1980  
DOBBS, NEW MEXICO 88240

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-15019

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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**

2. **NAME OF OPERATOR**  
MURPHY OPERATING CORPORATION

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

4. **LOCATION OF WELL** (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
Unit Ltr. B, 660' FNL, 1980' FEL, Sec. 31, T-7S, R-32E

7. **UNIT AGREEMENT NAME**

8. **FARM OR LEASE NAME**

Cone Federal

9. **WELL NO.**

11

10. **FIELD AND POOL, OR WILDCAT**

Tomahawk San Andres

11. **SEC., T., R., M. OR BLK. AND SURVEY OR AREA**

Sec. 31, T-7S, R-32E

12. **COUNTY OR PARISH** 13. **STATE**

Roosevelt New Mexico

14. **PERMIT NO.**

15. **ELEVATIONS** (Show whether DF, RT, CR, etc.)

4437' GL, 4449' KB

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <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.)\*

- 3/17/88 1. Pull rods, pump and tubing.  
to  
3/21/88 2. TIH w/packer. Set @ 4350'. Test annulus to 1000 psi, held OK.
3. TIH w/cement retainer. Set @ 4247. Squeeze existing P-3 perforations (4264'-4275') with 127 sacks Class C w/2% CaCl. Good walking squeeze to 1300 psi. Circulate 1 bbl. cement to pit.
4. TIH w/perforating gun. Perforate P-2 w/1 JSPF @ 4161.5, 4169, 4170, 4172, 4178.5, 4180, 4181, 4182, 4183, 4184.5, 4187, 4189.
5. Acidize perforations with 5000 gallons 15% NeFe.
- |         |                 |         |
|---------|-----------------|---------|
|         | Pressure        | Rate    |
| Maximum | 4100 (ball off) | 4 BPM   |
| Average | 1437            | 2.7 BPM |
6. TIH w/tubing, pump and rods. Return well to production @ 5:00 p.m. 3/21/88.

RECEIVED  
APR 5 7 31 AM '88  
BUREAU OF LAND MGMT  
ROSWELL RESOURCE AREA

I hereby certify that the foregoing is true and correct

SIGNED Melinda Hickman TITLE Production Clerk DATE 3/29/88  
Melinda Hickman

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE  
**APR 15 1988**  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side

mp

**RECEIVED**  
APR 18 1988  
OCD  
HOBS OFFICE