

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction  
verse side)

DATE  
1-76

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

455

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. Box 2648, Roswell, New Mexico 86202-2648

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1980' FNL & 660' FEL, Unit Ltr. H, Sec. 35, T-16S, R-31E

RECEIVED BY  
FEB 11 1987  
O. C. D.  
202-287231A, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.

LC-029438-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Carper Johnson "A" Fed.

9. WELL NO.

2

10. FIELD AND FOOT, OR WELL CAT

Grayburg Jackson Queen  
Grayburg San Andres

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

Sec. 35, T-16S, R-31E

14. PERMIT NO.

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

4090' D.F.

12. COUNTY OR PARISH

Eddy

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

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\*

shut-in well

(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.)\*

The subject well has been shut-in. Status of this has changed from producing to shut-in.

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

SIGNED

Lois N. Brown

TITLE Production Clerk

DATE Feb. 10, 1987

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

COPY