

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

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 ☐		RECEIVED BY FEB 11 1987 O. C. D.	5. LEASE DESIGNATION AND SERIAL NO. LC 056302 A	
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2648, Roswell, New Mexico 88102-2648			7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FWL, Unit Ltr. F, Sec. 35, T-16S, R-31E			8. FARM OR LEASE NAME Kennedy Johnson "A" Fed.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4065' D.F.		9. WELL NO. 1
				10. FIELD AND POOL, OR WILDCAT Grayburg Jackson, Queen Grayburg San Andres
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-16S, R-31E
				12. COUNTY OR PARISH Eddy
				13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	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.) *			

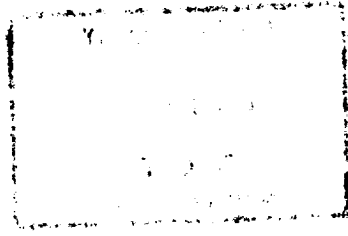
The subject well has been shut-in. Status of this well has changed from producing to shut-in.

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 _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

COPY
*See instructions on Reverse Side



COPY