

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE MANNER INDICATED  
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> injection well	RECEIVED BY	3. LEASE DESIGNATION AND SERIAL NO. LC-29438-A
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION	JAN 19 1987	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico	88201 O. C. D.	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	STATE OFFICE	8. FARM OR LEASE NAME Carper Johnson "A"
2002' FNL, 1980' FEL, Sec. 35, T-16S, R-31E, Unit Ltr. G		9. WELL NO. 1-Y
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4082' D.F.	10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Queen S.A.
		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

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	shut-in well
(Other)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.) \*

The subject well has been shut-in. The status of this well has changed from injection to shut-in.

I hereby certify that the foregoing is true and correct

SIGNED Lois N. Brown TITLE Production Clerk DATE Jan. 15, 1987

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

**COPY**  
\*See instructions on Reverse Side

RECEIVED  
JAN 16 1987  
OCD  
HOBBS OFFICE

COPY