

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Morexco, Inc.	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR Post Office Box 481, Artesia, NM 88211-0481	8. FARM OR LEASE NAME Kennedy Johnson A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit M, 660' FSL and 660' FWL	9. WELL NO. 6
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT GR-Jackson-Q-GR-SA
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S35-T16S-R31E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANE ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)*

Change of Operator from Murphy Operating Corporation to Morexco, Inc.

RECEIVED
AUG 27 9 27 AM '90
BUREAU OF LAND MANAGEMENT

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

SIGNED <u>Rebecca Dickson</u>	TITLE <u>Production Analyst</u>	DATE <u>8-24-90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side