

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

(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.)

RECEIVED

AUG 29 '90

O. G. D.

ARTESIA, OFFICE

2

S3-T17S-R30E

Eddy

NM

5. LEASE DESIGNATION AND SERIAL NO.
LC-029020J

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Parke

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Square Lake-GR-SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
S3-T17S-R30E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

1. OIL WELL ☐ GAS WELL ☐ Water Injection Well

2. NAME OF OPERATOR
Morexco, Inc. ✓

3. ADDRESS OF OPERATOR
Post Office Box 481, Artesia, NM 88211-0481

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Unit B, 660' FNL and 1980' FEL

14. PERMIT NO.

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

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

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

(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 18 AM '90
CARTER AREA

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

SIGNED Rebecca Dickson TITLE Production Analyst DATE 8-24-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side