Submit 3 Copies to Appropriate District Office	State of New Mexico Ene. 51, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. B11594-3		
SUNDRY NOTI (DO NOT USE THIS FORM FOR PRO DIFFERENT RESEF (FORM C	7. Lease Name or Unit Agreement Name				
1. Type of Well: OL GAS WELL WELL	other SWD	APR 07 '89	State B		
2. Name of Operator MURPHY OPERATING CORPORATION			8. Well No. 3.		
1 Address of Occurtor		ARTESIA, OFFICE	9. Pool name or Wildcat Artesia Queen Gbr. SA		
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line					
Section 14 Township 18 South Range 28 East NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3601 GR GR GR GR GR					
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
		REMEDIAL WORK			
TEMPORARILY ABANDON CHANGE PLANS COM		COMMENCE DRILLING	COMMENCE DRILLING OPNS.		
PULL OR ALTER CASING					
OTHER:		OTHER:			

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Work to be performed Monday, April 10, 1989:

RU PU. Flow pressure off well into pit on location. Unseat packer & TOH w/packer & tubing. TIH w/bridge plug/packer and set above perfs. Dump 3 sks. sand on bridge plug. Pressure up & trip out 5 stands at a time pressuring up to 500 psi looking for holes. TOH, pick up cement retainer. TIH, set cement retainer, squeeze w/200 sks. cement and repeat above process until all holes are isolated. WOC 24+ hours. RU power swivel & reverse unit. TIH w/bit & working string. Drill out cement & return well to disposal status.

I hereby certify that the information SIGNATURE Miles	above is true and complete to the best of my know	edge and belief. 	date 4/6/89
TYPE OR PRINT NAME Mel	inda K. Hickman		те лерноне но. 623-7210
(This space for State Use)	Original Signed By Mike Williams		APR 1 7 1989
APPROVED BY	<u> </u>	TTLE	DATE