

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

| | | |
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| U.S.G.S. | | |
| LAND OFFICE | | |
| OPERATOR | <input checked="" type="checkbox"/> | |

5c. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
B-6474-9

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEVELOP OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER-
2. Name of Operator
MURPHY OPERATING CORPORATION
3. Address of Operator
P. O. Drawer 2648, Roswell, New Mexico 88201
4. Location of Well
UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM
THE West LINE, SECTION 14 TOWNSHIP 18-South RANGE 28-East NMPM.

RECEIVED BY
JAN 19 1987
O. C. D.
ARTESIA, OFFICE

7. Unit Agreement Name
8. Farm or Lease Name
State "A"
9. Well No.
1
10. Field and Pool, or Wildcat
Artesia Qn.Grbg. S.A.
12. County
Eddy

15. Elevation (Show whether DF, RT, GR, etc.)
3589'

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

| | | | |
|--|---|---|---|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <u>shut-in well</u> <input checked="" type="checkbox"/> |

17. 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.

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

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Lois N. Brown TITLE Production Clerk DATE Jan. 15, 1987
Original Signed By
Lois N. Brown
Supervisor
APPROVED BY _____ TITLE _____ DATE JAN 16 1987

RECEIVED
JAN 18 1997
OCD
HOBBS OFFICE