

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR FURNISHING
OF COPIES REQUIRED
(Other instructions
verse side)

Modified Form No.
NMC60-3150-4

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME Northeast Caprock Queen Unit
2. NAME OF OPERATOR Murphy Operating Corporation		8. FARM OR LEASE NAME Northeast Caprock Queen Unit
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88202-2648		9. WELL NO. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL, 660' FWL, Sec. 14-T12S-R32E Unit Ltr. M		10. FIELD AND POOL, OR WILDCAT Caprock Queen
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T12S-R32E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4355' D.F.		12. COUNTY OR PARISH Lea
		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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Return to production ☒	
(Other) ☐		(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.)*

Effective March 1, 1991, Murphy Operating Corporation will be returning the above well back to production. Please make this change on your records.

RECEIVED
FEB 27 1 36 PM '90
BUREAU OF LAND MGMT.
HOBBBS, NM.

RECEIVED
MAR 1 10 55 AM '91
CARTER
AREA

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

SIGNED <u>Lori Brown</u>	TITLE <u>Production Supervisor</u>	DATE <u>2/26/91</u>
(This space for Federal or State office use)		
FOR RECORD ONLY		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations or to knowingly conceal or withhold information from any such department or agency.