

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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" (FORM C-101) FOR SUCH PROPOSALS.)			
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Inj.		7. Lease Name or Unit Agreement Name Northeast Caprock Queen Unit	
2. Name of Operator Murphy Operating Corporation		8. Well No. 5	
3. Address of Operator P. O. Drawer 2648, Roswell, New Mexico 88202 2648		9. Pool name or Wildcat Northeast Caprock Queen	
4. Well Location Unit Letter <u>L</u> : <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u> Line Section <u>15</u> Township <u>12 South</u> Range <u>32 East</u> NMPM <u>Lea</u> County			
		10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>reactivated injection well</u> <input checked="" type="checkbox"/>	

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.

The subject injection well has been reactivated sense April 1990. This well has inactive for several years.

3-10-90 Pressure test was run packer set @ 2967. Pressrued up on back side 350 psi for 30 minutes. o.k. Begin injection.

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

SIGNATURE Lori Brown TITLE Production Supervisor DATE 02/04/91
TYPE OR PRINT NAME Lori Brown TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

