

(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OF COPIES REQUIRED
(Other instructions on reverse side)

100-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ Injection Well	3a. Area Code & Phone No. 505 623-7210
2. NAME OF OPERATOR Murphy Operating Corporation	
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88202-2648	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL, 660' FEL, Sec. 15-T12S-R32E Unit Ltr. P	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME Northeast Caprock Queen Unit	
8. FARM OR LEASE NAME Northeast Caprock Queen Unit	
9. WELL NO. 12	
10. FIELD AND POOL, OR WILDCAT Caprock Queen	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-T12S-R32E	
12. COUNTY OR PARISH	13. STATE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) return to active injection	☒		

(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 reactivating the above injection well to active injection. Please make change on your records.

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

SIGNED Lori Brown

TITLE Production Supervisor

DATE 2/26/91

(This space for Federal or State office use)

APPROVED BY FOR RECORD ONLY TITLE _____ DATE _____

*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 furnish any false, fictitious or fraudulent information.