

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMP
OF COPIES REQUIRED
(Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		3a. Area Code & Phone No. 505 623-7210		5. LEASE DESIGNATION AND SERIAL NO. E-6927-1 <i>State</i>	
2. NAME OF OPERATOR Murphy Operating Corporation				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88202-2648				7. UNIT AGREEMENT NAME Northeast Caprock Queen Uni	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660'FSL, 1980' FEL, Sec. 16, T12S, R32E, Unit Letter O				8. FARM OR LEASE NAME Northeast Caprock Queen Uni	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4372' DF		9. WELL NO. 9	
				10. FIELD AND POOL, OR WILDCAT Caprock Queen	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16, T12S, R32E	
				12. COUNTY OR PARISH Lea	
				13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <u>Correcting well status</u>	<input checked="" type="checkbox"/>		

(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.)

The subject well has been producing well as of May 1990. The status of this well has been changed from temporarily abandon to producing.

Please correct your records. Thank you.

RECEIVED
JAN 9 10 30 AM '91
O&H
AREA

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

SIGNED Lori Brown TITLE Production Supervisor DATE 1/3/91

(This space for Federal or State office use)

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.

REC'D

JAN 11 1941

U.S. DEPT. OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO