16. Check Appropriate Bo NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER	Mexico 882 accordance with an -12S, R-32E PS To Indicate I	ON WELLS x back to a different reservoir. proposeds.) 34. Area Code 6 Phone N 505 623-7210 02-2648 y State requirements.* , Unit Letter A 	b. 8. PARM OR LEASE NA NE Caprock 9. WBLL NO. 20 10. FIELD AND POOL, C Caprock QI 11. SPC., T., R., M., OR SURVET OR AREA SEC. 21, 12. COUNTY OR PARISH Lea	k Queen Un ME K Queen Un K Queen Un E WILDCAT Jeen BLT. AND T12E, R32E
OIL WELL OTHER 2. MAME OF OPERATOR OTHER 2. MAME OF OPERATOR Murphy Operating Corporation 3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New 4. LOCATION OF WELL (Report location clearly and in a See alson space 17 below.) At surface 990' FEL & 330' FNL, Sec. 21, Totage 14. PERMIT NO. 15. ELEVATION 4360 16. Check Appropriate Book NOTICE OF INTENTION TO: TEST WATER SHUT-OFF	Mexico 882 accordance with an -12S, R-32E INS (Show whether p 9' DF px To Indicate I	34. Area Code & Phone N 505 623-7210 02-2648 y State requirements.* , Unit Letter A br. RT. GR. etc.) Nature of Notice, Report, or C SUBSEC	NE Caproci 8. PARM OR LEASE NA NE Caproci 9. WHIL NO. 20 10. FIELD AND POOL, C Caprock Qi 11. SPC., T., R., M., OR SURVEY OR AREA SEC. 21, 12. COUNTY OR PARISH Lea Other Data DUENT REPORT OF:	k Queen Un ME k Queen Un NE WILDCAT Jeen BLK. AND T12E, R32E
Murphy Operating Corporation 3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New 4. LOCATION OF WELL (Report location clearly and in a See also space 17 below.) At surface 990' FEL & 330' FNL, Sec. 21, T 14. PERMIT NO. 15. ELEVATION 16. NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FULL OR ALTER	-12S, R-32E NS (Show whether r 9' DF ox To Indicate I	505 623-7210 02-2648 y State requirements.* , Unit Letter A vr. RT, OR. etc.) Nature of Notice, Report, or A SUBSEC WATER SHUT-OFF	D. 8. PARM OR LEASE NA NE Caprock 9. WHLL NO. 20 10. FIELD AND POOL, C Caprock QI 11. SHC., T., R., M., OR BURYET OF AREA SEC. 21, 12. COUNTY OR PARISH Lea Other Data	ME k Queen Un den blk. and 12E, R32E 13. btate
3. ADDREAS OF OPERATOR P. O. Drawer 2648, Roswell, New 4. LOCATION OF WELL (Report location clearly and in a See also space 17 below.) At surface 990' FEL & 330' FNL, Sec. 21, T 14. PERMIT NO. 15. ELEVATIO 4360 16. Check Appropriate Bo NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER	-12S, R-32E NS (Show whether r 9' DF ox To Indicate I	02-2648 y State requirements.* , Unit Letter A vr. nr. or. etc.) Nature of Notice, Report, or 1 subsec WATER SHUT-OFF	9. WALL NO. 20 10. FIELD AND POOL, C <u>Caprock QI</u> 11. SAC., T., R., M., OR BURVAR OF AREA SEC. 21, 12. COUNTY OR PARISH Lea Other Data DUENT ERPORT OF:	DE WILDCAT Jeen BLX. AND T12E, R32E
LOCATION OF WELL (Report location clearly and in a See also space 17 below.) At surface 990' FEL & 330' FNL, Sec. 21, T 14. PERMIT NO. 15. ELEVATIO 4360 16. Check Appropriate BC NOTICE OF INTENTION TO: TEST WATER SHUT-OFF	-12S, R-32E NS (Show whether r 9' DF ox To Indicate I	y State regulrements." , Unit Letter A or. RT. OR. etc.) Nature of Notice, Report, or a subsec WATER SHUT-OFF	10. FIELD AND POOL, C <u>Caprock Q</u> 11. SHC., T., R., M., OR BURYBY OX AREA Sec. 21, 12. COUNTY OR PARIABLE Lea Other Data DUENT ERPORT OF:	Jeen Blx. and [12E, R32E
At surface 990' FEL & 330' FNL, Sec. 21, T 14. PERMIT NO. 15. ELEVATIO 4360 16. Check Appropriate Bo NOTICE OF INTENTION TO: TEST WATER SHUT-OFF	-12S, R-32E NS (Show whether p 9' DF ox To Indicate I CASING	, Unit Letter A	Caprock Qu 11. SPC., T., R., M., OR BURYBY OX AREA Sec. 21, 1 12. COUNTY OR PARISH Lea Other Data DUENT ERPORT OF:	Jeen Blx. and [12E, R32E
16. Check Appropriate Bo NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER	9' DF ox To Indicate I	Nature of Notice, Report, or BUBBEC	12. COUNTY OR PARISH Lea Other Data	13. STATE
16. Check Appropriate Bo NOTICE OF INTENTION TO : TEST WATER SHUT-OFF PULL OR ALTER	9' DF ox To Indicate I	Nature of Notice, Report, or BUBBEC	Uther Data	
Check Appropriate Bo NOTICE OF INTENTION TO : TEST WATER SHUT-OFF	CASING	WATER SHUT-OFF	UENT REPORT OF:	
NOTICE OF INTENTION TO :	CASING	WATER SHUT-OFF	UENT REPORT OF:	
			REPAIRING R	
	ч.ете			···· []
PRACTURE TREAT MULTIFUE COMP SHOOT OR ACIDIZE AREADONS		FRACTURE TREATMENT	ALTERING CA	
	I	SHOUTING OR ACIDIZING	ABANDONMEN	- 11
(Other)		(Other) <u>Correctin</u>	g status of multiple completion of	X
The subject well has been ⁶ produc has been changed from temporari Please correct your records. Tha	ly abandon ⁻	s of April 1990. The to producing.	status of this	well
				م م
			1	
		Ada Alexandra		<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>
			·	
		 Second Activity 		
I hereby certify that the foregoing is true and correct SIGNED OF BROWN (This space for Federal or State office use)		oduction Supervisor	DATE 1/3/91	
APPROVED BY	TITLE		DATE	
CONDITIONS OF APPROVAL, IF ANT:				
*S	ee Instructions o	on Reverse Side		
the 18 U.S.C. Section 1001, makes it a crime for a ited States any false. Fictitious or fraudulent stat	ny person knowi	ngly and willfully to make to a	ny department or a co-	icy of the

· .