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

DIZIBICLI

P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088					
. New Mexico	87504-2088				

Santa Fe,

OIL CUNSERVATION DIVISION

	WELL API NO.
	WELL AFT NO.
- 1	20 025 00150
	30-025-00159
- 1	00 000

DISTRICT III				
1000 Rio Brazos	Rd.	Aziec.	NM	87410

0

5. Indicate Type of Lease STATE FEE (6. State Oil & Gas Lease No.

	B-9946					
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM (FORM C-101) FOR SUCH PROPOSALS.)	PLUG BACK TO A 7 Lave Name of Unit Administration Name					
1. Type of Well: OL GAS WELL X WELL OTHER	Unit					
2. Name of Operator Murphy Operating Corporation	8. Well No.					
3. Address of Operator P.O. Drawer 2648, Roswell, New Mexico 88202-2	9. Pool same or Wildcat Caprock Queen					
4. Well Location Unit Letter A: 660 Feet From The North	Line and 660 Feet From The East Line					
Section 22 Township 12 South Rang						
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4356 DF						
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING .					
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$					
PULL OR ALTER CASING .	CASING TEST AND CEMENT JOB					

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.

Well was Plugged and Abandoned in the following manner:

08/24/93: Set Plug #1 from 2915' to 2685' (230') with 150 sacks Class H with 1% CaCL.

OTHER:

08/25/93: Displace with 210 bbls salt water gel at 25#/bbl. Perforate at 310'. Set Plug #2 from 315' to 184' (116') with 100 sacks Class H with 2% CaCL. Set Plug #3 at Surface with 20 sacks Class H. Install dry hole marker.

> Prep to fill pit, cut off deadman and remove fencing for finalization.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. Production Records Manager 9/14/93 _ TITLE . **ТЕГЕРНОИЕ NO.** (505) 622-1127 Carol J. Garcia Type or print name

(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY:

OIL & GAS INSPECTOR NOV 02 1993