

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	B-9946

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO LIFTEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT - A" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection	7. Unit Agreement Name Northeast Caprock Queen Unit
Name of Operator MURPHY OPERATING CORPORATION	8. Farm or Lease Name Northeast Caprock Queen Unit
Address of Operator P. O. Drawer 2648, Roswell, New Mexico 88201	9. Well No. 23
Location of Well UNIT LETTER B, 1981 FEET FROM THE East LINE AND 660 FEET FROM THE North LINE, SECTION 22 TOWNSHIP 12 South RANGE 33 East NMPM.	10. Field and Pool, or Wildcat Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.) 4349' DF	12. County Lea

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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER		OTHER change status from TA Injection to Injection <input checked="" type="checkbox"/>	

7. 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.

Changes in the injection patterns are being made to maintain production. Status of this well is changed from Temporarily Abandoned Injection to Injection.

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

SIGNED <u>Lois N. Brown</u> Lois N. Brown ORIGINAL SIGNED BY JEREMY LANTON DISTRICT 1 SUPERVISOR	TITLE <u>Production Clerk</u>	DATE <u>December 10, 1985</u>
APPROVED BY _____	TITLE _____	DATE <u>DEC 12 1985</u>
CONDITIONS OF APPROVAL, IF ANY:		