

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-068747
2. Name of Operator MURPHY OPERATING CORPORATION	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No P.O. BOX 2545, ROSWELL, NM 88202-2545 (505) 623-1957	7. If Unit or CA, Agreement Designation NORTHEAST CAPROCK QUEEN UNIT
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 1980' FWL SECTION 22-12S-32E	8. Well Name and No. NORTHEAST CAPROCK QUEEN
	9. API Well No. UNIT #22 30-025-00162
	10. Field and Pool, or Exploratory Area CAPROCK QUEEN
	11. County or Parish, State LEA COUNTY, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other PLACED ON PRODUCTION
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

13. 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 WAS PLACED ON PRODUCTION EFFECTIVE AUGUST 20, 1994.
THEREFORE, THE WELL STATUS CHANGED FROM SHUT-IN TO PRODUCING.

RECEIVED
OCT 20 8 39 AM '94
BUREAU OF LAND MGMT.
HOBBS, NM.

8 1994

OCT 11 12 13 PM '94

SEALED

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

Signed Carol J. Garcia Title PRODUCTION RECORDS MANAGER Date 10/10/94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

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 as to any matter within its jurisdiction.

*See Instruction on Reverse Side