

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

N.M. OIL CONS. COMMISSION  
P.O. BOX 1950

HOBBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

668747

6. Allottee or Tribe Name

HOBBBS, NM

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation NORTHEAST CAPROCK QUEEN UNIT
2. Name of Operator MURPHY OPERATING CORPORATION	8. Well Name and No. NORTHEAST CAPROCK QUEEN
3. Address and Telephone No. P.O. BOX 2545, ROSWELL, NM 88202-2545 (505)623-1957	9. API Well No. UNIT #22 30-025-00162
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660'FNL & 1980'FWL SECTION 22-12S-32E	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 LEAK AND SPILL
	<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.)\*

8/19/94: APPROXIMATELY 20 BARRELS OF SALT WATER LEAKED FORM THE WELLHEAD PACKING AS A RESULT OF THE FLUID LEVEL COMING UP AND THE CASING BEING PRESSURED UP. WELLHEAD PACKING WAS REPAIRED. VACUUM TRUCK RECOVERED 20 BARRELS OF SALT WATER.

8/24/94: SPILL AREA WAS CLEARED AND CLEANED.

RECEIVED

OCT 24 9 15 AM '94

3 1994

14. I hereby certify that the foregoing is true and correct		
Signed <u>Carol J. Garcia</u>	Title <u>PRODUCTION RECORDS MANAGER</u>	Date <u>10/10/94</u>
(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