

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

| | |
|---|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME NORTHEAST CAPROCK QUEEN UNIT |
| 2. NAME OF OPERATOR MURPHY OPERATING CORPORATION | 8. FARM OR LEASE NAME NORTHEAST CAPROCK QUEEN UNIT |
| 3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88201 | 9. WELL NO. 22 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1980' FWL, Sec. 22, T-12S, R-32E Unit Ltr. C | 10. FIELD AND POOL, OR WILDCAT Caprock Queen |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-12S, R-32E | 12. COUNTY OR PARISH Lea |
| 13. STATE New Mexico | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4352' G.R. |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <u>return to production</u> <input checked="" type="checkbox"/> | |
| (Other) <input type="checkbox"/> | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |

17. 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.) *

7-20-86 RU PU & picked up 2 jts. 2-3/8" tbg. Tbg. fill @ 2949'. TOH w/2-3/8" tbg.
to Picked up 4-3/4" bit & six 3-1/8" D.C. & TIH to 2977'.
7-25-86 TOH w/bit, D.C. & bit worn. Picked up new bit & TIH to 2986' & started
pumping, broke circ. w/12 bbls. Continued to 3017' & started drlg. Good
drlg. break from 3035' to 3046' & continued drlg. to 3048'. Allowed bit
to drill off. Circ. hole w/75 bbls. fresh wtr. TOH & layed dn. six 3-1/8"
D.C., one 4-1/8" bit. TIH w/95 jts. 2-3/8" tbg. & 1-3/4" tbg. pump.

| | |
|------------------|----------|
| 94 jts. tbg. | 2910.75' |
| 1-3/4" tbg. pump | 16.84' |
| K.B. | 8.00' |
| | 2935.59' |

Btm. of pump set @ approx. 2936'. TIH w/3/4" rods, hung well on with good
pump action. RD PU.

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

| | | |
|--|-------------------------------|-------------------------------|
| SIGNED <u>Lois N. Brown</u> LOIS N. BROWN | TITLE <u>Production Clerk</u> | DATE <u>September 2, 1986</u> |
| (This space for Federal or State office use) | | |
| APPROVED BY _____ | TITLE _____ | |
| CONDITIONS OF APPROVAL, IF ANY: | | |

ACCEPTED FOR RECORD

DATE SEP 03 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO