Form 3160-5
(July 1989)
(Formerl. 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side) OF COPIES REQUIRED

NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
State

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

OIL WELL ☐ GAS WELL ☐ OTHER Injection Well

7. UNIT AGREEMENT NAME
Northeast Caprock Queen Unit

2. NAME OF OPERATOR
Murphy Operating Corporation

3a. Area Code & Phone No.
505 623-7210

8. FARM OR LEASE NAME
Northeast Caprock Queen Unit

3. ADDRESS OF OPERATOR
P. O. Drawer 2648, Roswell, New Mexico 88202-2648

9. WELL NO.
25

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FNL, 660' FWL, Sec. 23-T12S-R32E
Unit Ltr. D

10. FIELD AND POOL, OR WILDCAT
Caprock Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23-T12S-R32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4355' D.F.

12. COUNTY OR PARISH
Lea

13. STATE
NM

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) return to active injection			X
(Other)				(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.)*

Effective March 1, 1991, Murphy Operating Corporation will be reactiving the above injection well to active injection. Please make change on your records.

RECEIVED
Feb 27 1 35 PM '90
BUREAU OF LAND MGMT.
ROSWELL, N.M.

RECEIVED
16 PM 5:01
CARLSBAD

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

SIGNED Lori Brown TITLE Production Supervisor DATE 2/26/91

(This space for Federal or State office use)

APPROVED BY FOR RECORD ONLY TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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.