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|                                           |                              |
|-------------------------------------------|------------------------------|
| 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 REFRAC. OR PLUG SALLY TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☐ OTHER- injection

Name of Operator  
MURPHY OPERATING CORPORATION

Address of Operator  
P. O. Drawer 2648, Roswell, New Mexico 88201

Location of Well  
UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM  
THE West LINE, SECTION 23 TOWNSHIP 12 South RANGE 32 East NMPM.

7. Unit Agreement Name  
Northeast Caprock  
Queen Unit

8. Farm or Lease Name  
Northeast Caprock  
Queen Unit

9. Well No.  
25

10. Field and Pool, or Whicat  
Caprock Queen

15. Elevation (Show whether DF, RT, GR, etc.)  
4355' 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 ☒  
TEMPORARILY ABANDON ☐  
PLUG OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

OTHER return to injection ☒

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.

5-6-86 Propose to clean out well to approx. 3200', perforate from 2996' to 3026' @ 1 J.S.P.F.  
Run pkr. w/plastic coated 2-3/8" tbgs. & set @ approx. 2900'. Test annulus to 500# psi  
& hold for 30 min., circ. w/pkr. fluid & return to injection.

THE COMMISSION MUST BE NOTIFIED  
24 HOURS PRIOR TO COMMENCING WORK

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

SIGNED Lois N. Brown TITLE Production Clerk DATE July 11, 1986

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR TITLE DATE JUL 11 1986

RECEIVED  
JUL 14 1986  
G. C. C.  
HOBBS OFFICE