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NEW MEXICO ROADS OFFICE & C.C. COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

May 15 11 38 AM '68

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
OG 4755	

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator CAYMAN CORPORATION	8. Farm or Lease Name Murphy "A" State
3. Address of Operator P. O. Box 1352, Roswell, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER I , 510 FEET FROM THE East LINE AND 1980 FEET FROM THE South LINE, SECTION 21 TOWNSHIP 10-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4196.9 G. L.	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 ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

5-6-68 T. D. 3960' Ran 120 joint 8 5/8" casing as follows:

1975 8 5/8" - 24# - J - 55

1693 8 5/8" - 32# - J - 55

Casing set @ 3668 ft.

Cemented with 250 sx Incor-Poz + 6% Gel + 2% CaCl

100 sx Incor-Poz + 2% Gel

Plug down 3:00 A.M.

5-7-68 W.O.C. 24 hrs. Pressure tested @ 1500# 30 min.

No leaks. Drilled out

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

SIGNED *W. S. McCarley* TITLE Engineer DATE 5-14-68

APPROVED BY *John D. Hamey* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: