| NO. OF COPIES RECE   | EIVED            |                      |                              |                                       | Form C-10                             |  |  |
|--|------------------|----------------------|------------------------------|---------------------------------------|---------------------------------------|--|--|
| DISTRIBUTIO  | N                |                      |                              |                                       | Supersede.<br>C-102 and               |  |  |
| SANTA FE   |                  | NEV                  | W MEXICO OIL CONSE           | EVATION COMMISSION                    | Effective                             | 1-1-65                                 |  |
| FILE   |                  |                      |                              | 1 - 4 PM                              | <u> </u>                              |  |  |
| U.S.G.S.   |                  |                      | *                            | · · · · · · · · · · · · · · · · · · · | 5a. Indicate T                        |  |  |
| LAND OFFICE  |                  |                      |                              |                                       |                                       | Fee                                    |  |
| OPERATOR   |                  |                      |                              |                                       | OG 5791                               | _                                      |  |
| 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 "PAPPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.) |                  |                      |                              |                                       |                                       |  |  |
| l. OIL WELL  | GAS WELL         | OTHER-               |                              |                                       | 7. Unit Agree                         | ment Name                              |  |
| 2. Name of Operator  Cayman Corporation  |                  |                      |                              |                                       |                                       | 8, Form or Lease Name Murphy-State "B" |  |
| 3. Address of Operato  |                  | alos Verdes          | Peninsula, Calii             | 2. 90274                              | 9. Well No.                           |  |  |
| 4. Location of Well  | H                | 1980                 | FROM THE North               | 660                                   | Toloris division                      | Pool, or Wildcat                       |  |
| UNIT LETTER  |                  |                      |                              |                                       | 111111                                | uminini                                |  |
| THE Past   | LINE, 5E         |                      | TOWNSHIP                     | RANGE 34-E                            | NMPM.                                 |  |  |
| mmm  |                  | 15. E                | levation (Show whether DI    | F, RT, GR, etc.)                      | 12. County                            | ///////////////////////////////////    |  |
|  |                  | <i>(11111)</i>       | 4238.5 GL                    |                                       | Lea                                   |  |  |
| 16.  |                  | k Appropriate I      | Box To Indicate Nat          | •                                     | ort or Other Data<br>SEQUENT REPORT O | F:                                     |  |
| PERFORM REMEDIAL W   | V OR K           |                      | PLUG AND ABANDON             | REMEDIAL WORK                         | AL                                    | TERING CASING                          |  |
| TEMPORARILY ABANDO   | 一                |                      |                              | COMMENCE DRILLING OPNS.               |                                       | JG AND ABANDONMENT                     |  |
| PULL OR ALTER CASIN  | 77               |                      |                              | CASING TEST AND CEMENT JO             |                                       |  |  |
| TOLE ON METER OFFI   |                  |                      |                              | OTHER                                 |                                       |  |  |
| OTHER  |                  |                      |                              |                                       |                                       |  |  |
|  | 744              |                      |                              |                                       |                                       |  |  |
| work) SEE BULE   | F 1103.          |                      |                              | s, and give pertinent dates           | , including estimated date            | of starting any proposed               |  |
| 10-23-68   | Well spu         | dded at 11:0         | 0 g.m.                       |                                       |                                       |  |  |
|  | TD 374'.         | Ran 12 joi           | nts 13 3/8", 48              | H-40 casing.                          | Set at 374' and                       | ,                                      |  |
|  |                  |                      |                              |                                       | lated approximat                      | ely                                    |  |
|  | 50 sacks         | cement. Pl           | ug down at 7:00              | p.m. 10-23-68.                        |                                       |  |  |
|  |                  | _                    |                              |                                       |                                       |  |  |
| 10-24-68   | TD 374'.         | WOC 18 hour          | rs. Tested casir             | ig with 800# for                      | 30 minutes. No                        | leaks.                                 |  |
|  |                  |                      |                              |                                       |                                       |  |  |
|  |                  |                      |                              |                                       |                                       |  |  |
|  |                  |                      |                              |                                       |                                       |  |  |
|  |                  |                      |                              |                                       |                                       |  |  |
|  |                  |                      |                              |                                       |                                       |  |  |
|  |                  |                      |                              |                                       |                                       |  |  |
|  |                  |                      |                              |                                       |                                       |  |  |
|  |                  |                      |                              |                                       |                                       |  |  |
|  |                  |                      |                              |                                       |                                       |  |  |
|  |                  |                      |                              |                                       |                                       |  |  |
|  |                  |                      |                              |                                       |                                       |  |  |
|  |                  |                      |                              |                                       |                                       |  |  |
|  |                  |                      |                              |                                       |                                       |  |  |
| 18. I hereby certify the   | hat the informat | ion above is true an | nd complete to the best of i | ny knowledge and belief.              |                                       |  |  |
| Als  | ashin.           | <u> l</u>            |                              | Engineer                              | DATE 11                               | _1_68                                  |  |
| SIGNED   | 111              | 1                    | TITLE                        | nuce and cr                           | DATE                                  |  |  |
|  | May 11           | Keener               | •                            |                                       |                                       |  |  |
| APPROVED BY  | VV W             | 1 may a              | TITLE                        |                                       | DATE                                  |  |  |
| CONDITION OF AP  | PROVAL, IF A     | NY:                  |                              |                                       |                                       |  |  |