

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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|---|
| WELL API NO. |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. E-3626 |
| 7. Lease Name or Unit Agreement Name Northeast Caprock Queen Unit |
| 8. Well No. 35Y |
| 9. Pool name or Wildcat Caprock Queen |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4374' G.R. |

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.)

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| 1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER |
| 2. Name of Operator MURPHY OPERATING CORPORATION |
| 3. Address of Operator P. O. Drawer 2648, Roswell, New Mexico 88202-2648 |
| 4. Well Location Unit Letter N : 1265 Feet From The South Line and 2565 Feet From The West Line Section 16 Township 12 South Range 32 East NMPM Lea County |

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|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: Return well to production. <input checked="" type="checkbox"/> |

12. 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.

Returned well to production status effective June 27, 1989.

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

| | | |
|--------------------------------|-----------------------------|-----------------------------|
| SIGNATURE Donna Bauer | TITLE Production Supervisor | DATE 7-12-1989 |
| TYPE OR PRINT NAME Donna Bauer | | TELEPHONE NO. (505)623-7210 |

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 17 1989

RECEIVED

JUL 14 1989

OCD
HODAS OFFICE