

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

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.)		WELL API NO.
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator MURPHY OPERATING CORPORATION		6. State Oil & Gas Lease No. E-3626
3. Address of Operator P. O. Drawer 2648, Roswell, New Mexico 88202-2648		7. Lease Name or Unit Agreement Name Northeast Caprock Queen Unit
4. Well Location Unit Letter <u>N</u> : <u>1265</u> Feet From The <u>South</u> Line and <u>2565</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>12 South</u> Range <u>32 East</u> NMPM Lea County		8. Well No. 35Y
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4374' G.R.		9. Pool name or Wildcat Caprock Queen

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: Return well to production status. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

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 7-6-1989

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 11 1989

203

RECEIVED
JUL 10 1909

CCC
HOBBS