

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

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. OG-174

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Todd Lower San Andres Unit Section 31
2. Name of Operator MURPHY OPERATING CORPORATION	8. Well No. 12
3. Address of Operator P. O. Drawer 2648, Roswell, New Mexico 88202-2648	9. Pool name or Wildcat Todd Lower SA Assoc.
4. Well Location Unit Letter L : 1980 Feet From The South Line and 608.5 Feet From The West Line Section 31 Township 7 South Range 36 East NMPM Roosevelt County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4152' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Convert to injection. WFX-578 ☒

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.

6-12-1989

- TIH with 4 1/2" Baker-AD-1 plastic coated packer and 129 jts (4064') of ceramic coated 2 3/8" tubing.
- Pump 50 bbls packer fluid and set packer at 4078' K.B..
- Pressure test annulus to 370 psig for 30 minutes with OCD representative present.
- Initiate injection.

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 14 1989**

B

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E

RECEIVED

JUL 13 1989

CCD  
HOBBS OFFICE