

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-062529-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION
3. ADDRESS OF OPERATOR P. O. Box 2648, Roswell, New Mexico 88202-2648
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 1650' FEL, Unit Ltr. G, Sec. 25, T-7S, R-35E
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4181' G.L.

7. UNIT AGREEMENT NAME TODD LOWER SAN ANDRES UNIT
8. FARM OR LEASE NAME TODD LOWER S/A UNIT SEC. 25
9. WELL NO. 7
10. FIELD AND POOL, OR WILDCAT Todd Lower S/A Associated
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-7S, R-35E
12. COUNTY OR PARISH Roosevelt
13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) return well to producing

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The subject well has been returned to producing. The status of this well has changed from shut-in to producing.

I hereby certify that the foregoing is true and correct

SIGNED

Lois N. Brown
Lois N. Brown

TITLE Production Clerk

DATE October 13, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

COPY

*See Instructions on Reverse Side