

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. E-8948
7. Lease Name or Unit Agreement Name Todd Lower San Andres Unit Section 31
8. Well No. 3
9. Pool name or Wildcat Todd Lower San Andres Assoc.
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4161' GR

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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection well
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 C : 330 Feet From The North Line and 1650 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.) 4161' GR

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: Temporarily Abandon Well <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.

- 6-5-1989 to 6-6-1989
1. Release packer and TOH and lay down packer and tubing.
 2. TIH w/ 4 1/2 CIBP and set at 4234' K.B..
 3. Displace hole w/ packer fluid and pressure test to 350 psig for 30 minutes with OCD representative present.
 4. Shut in well head. Well temporarily abandoned.

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)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: