State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE FEE 📙 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 E-8948 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Todd Lower San Andres Unit 1. Type of Well: OIL WELL Section 31 Injection well WELL OTHER 8. Well No. 2. Name of Operator MURPHY OPERATING CORPORATION 9. Pool name or Wildcat 3. Address of Operator P. O. Drawer 2648, Roswell, New Mexico 88202-2648 Todd Lower SA Assoc. 4. Well Location 1650 West . 330 Feet From The _ North Line Feet From The Line and Unit Letter . Roosevelt 36 East 7 South NMPM County Range 31 Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4161' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER:. OTHER: 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. 8 5/8" casing set @ 255'. Cement w/150 sxs. Circulate to surface. 4 1/2" casing set @ 4440'. Cement w/250 sxs. TOC 3339'. Perforations 4252-4306'. 1 JSPF = 9 holes. Dig temporary workover pit. Plan to set CIBP within 50' of uppermost perforation (4234'). Casing will be circulated with inert (packer) fluid. Casing will be pressure tested to 500 psig for 30 minutes.

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

SIGNATURE PRINT NAME Melinda K. Hickman

THE Production Supervisor

DATE May 31, 1989

TELEPHONE NO.

TITLE

(This space for State Use)

Orig. Signed by Paul Kautz Geologist

JUN 7 2 1989

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: