State of New Mexico Submit 3 Copies Form C-103 Energy, herals and Natural Resources Department Appropriate Revised 1-1-89 District Office DISTRICTI OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 **DISTRICT II** Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE L DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 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.) 1. Type of Well: Haley Chaveroo San Andres WELL | GAS WELL Sec. 33 OTHER 8. Well No. 2. Name of Operator Murphy Operating Corporation 3. Address of Operator 9. Pool name or Wildcat P. O. Drawer 2648, Roswell, New Mexico 88202-2648 Chaveroo San Andres Well Location 980 Feet From The N Line and 660 Unit Letter Line Section Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN

PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING CASING TEST AND CEMENT JOB 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. 5-31-90 Rig up pulling unit. Release packer TOH lay down same. SDFN. Rig up logging truck. TIH with Gamma Ray logging tool. Loggers TD to 4378'. Last SLM 4398'. Pull Gamma Ray from TD to 4000'. TOH and pick up perf guns 6 - 1 - 90perforate well as follows: 4336', 4348.5' & 4363.5'. TOH & rig down logging truck. TIH as follows: 1 Halliburton R-4 packer 3.45 130 Jts. 2 3/8" 4.7# J-55 coated tb 4034.41 KBM correction 12.00 Bottom of packer set @ 4049.96 Rig down pulling unit.

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

SIGNATURE OF PRINT NAME

SIGNATURE Production Supervisor

TYPE OR PRINT NAME

Production Supervisor

TYPE OR PRINT NAME

DATE 6/11/90

THE PRODUCTION SUPERVISOR

THE PRODUCTION SUPERVIS

(This space for State Use)

APPROVED BY

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

JUN 2 1 1990

CONDITIONS OF APPROVAL, IF ANY:

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RECEIVED

'JUN 20 1990

NOTE OF THE

