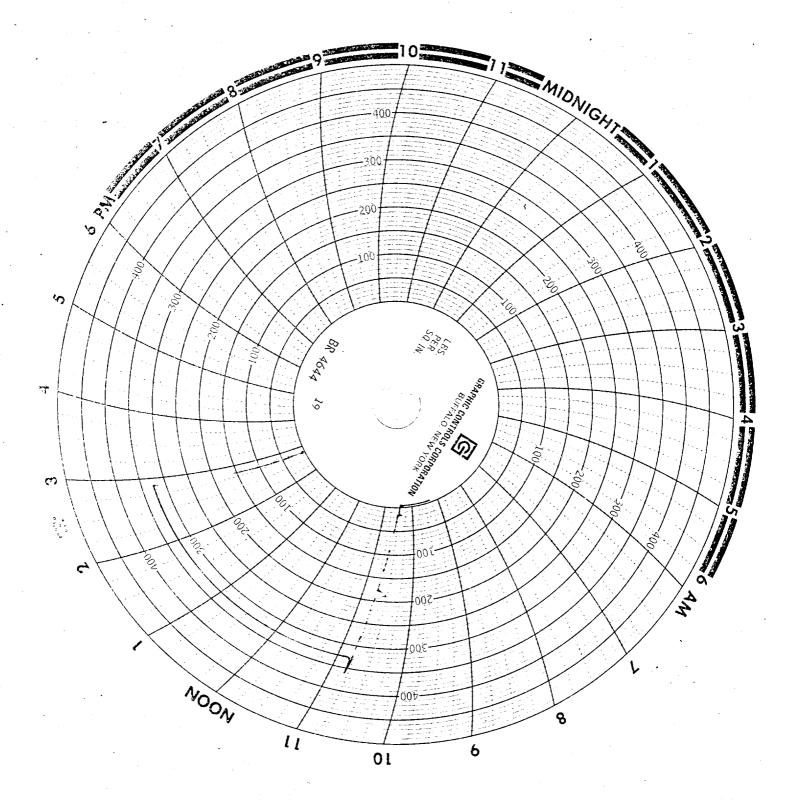
Submit 3 Copies o Appropriate

State of New Mexico

Form C-103 Energy, ... ierals and Natural Resources Department Revised 1-1-89 District Office DISTRICT I 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 STATEXX FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. K-1369 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.) Haley Chaveroo San Andres Unit Type of Well: Section 33 WELL X WELL OTHER 2. Name of Operator 8. Well No. Murphy Operating Corporation 8 3. Address of Operator 9. Pool name or Wildcat P. O. Drawer 2648, Roswell, New Mexico 88202-2648 Chaveroo San Andres 4. Well Location $\underline{}:\underline{1980}$ Feet From The $\underline{}$ Unit Letter North Line and _660 Feet From The East Line Section Township ship 7 South Range 33 East
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 7 South 33 East **NMPM** Roosevelt County Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB Converting to Injection Well 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. TOH and lay down rods, pump and tubing. Pick up and TIH 10-23-89 with Baker type AD-1 plastic coated 4 1/2 " packer and 130 to jts (4034') of 2 3/8 " ceramic coated injection tubing. 10-24-89 Set packer at 4049' K.B. Pump 45 bbls of packer fluid and test annulus (see attached chart) to 330 psig for 42 minutes. Held o.k. Begin injection. I hereby certify that the info ation above is true and complete to the best of my knowledge and belief. Production Supervisor 1/3/90 SIGNATURE

Lori Brown TYPE OR PRINT NAME TELEPHONE NO 505-623-7210 Orig. Signed by (This space for State Use) Paul Kautz Geologist APPROVED BY TITLE DATE CONDITIONS OF APPROVAL, IF ANY:



RECEIVED

JAN 05 1990

OCD NOBBS OFFICE

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