

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 ☒

FEE ☐

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
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Murphy Operating Corporation

3. Address of Operator

P. O. Drawer 2648, Roswell, New Mexico 88202-2648

7. Lease Name or Unit Agreement Name

Haley Chaveroo San Andres Unit
Sec. 33

8. Well No.

1

9. Pool name or Wildcat

Chaveroo San Andres

4. Well Location

Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line

Section 33 Township 7 South Range 33 East NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Perforate and acidize ☒

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.

8-10-90 TOH with rods, pump and tubing. TIH and perforate (1JSPF) @ 4303.5', 4312', 4330' to and 4336'. (4 holes). TOH. TIH with packer and set @ 4124'. Acidize with
8-14-90 4000 gals 15% NeFe pentol acid, 500# rocksalt, 500# benzoic flake and 24 balls. Good block action. Average rate 4 BPM, Maximum rate 5 BPM, Average pressure 600 psig, Maximum pressure 1500 psig. ISIP vacuum. TOH with packer and tubing. TIH with tubing, pump and rods. Return to production.

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

SIGNATURE Lori Brown TITLE Production Supervisor DATE 8/23/90

TYPE OR PRINT NAME Lori Brown

TELEPHONE NO.

(This space for State Use)

Original
Paul
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: