DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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VELL API NO.			
5. Indicate Type	of Lease STATE XX	FEE [	

P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE XX 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name  Haley Chaveroo San Andres Unit Sec. 34			
1. Type of Well: OIL GAS WELL X WELL OTHER				
2. Name of Operator Murphy Operating Corporation	8. Well No.			
3. Address of Operator P. O. Drawer 2648, Roswell, New Mexico	9. Pool name or Wildcat Chaveroo San Andres			
4. Well Location  Unit Letter G: 1980 Feet From The North Line and 1980 Feet From The East Line				
Section 34 Township 7 South Range 33 East NMPM ROOSeVelt County  10. Elevation (Show whether DF, RKB, RT, GR, etc.)				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  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 COTHER: Acidiz				
OTHER:				
1-27-90 TOH with rods, pump and tubing. TIH with packe to TOH with packer and tubing. TIH with casing in 2-7-90 hole @ 1171'. TOH. Squeeze hole @ 1171' with CaCl. TOH. TIH and drill out and test casing t packer @ 4077'. Acidize well with converter an Max rate 6 BPM. Max press 3200 psig. ISIP vac 1700 psig. TIH with tubing, pump and rods. Ret	spection log and found possible 350 sxs class C (14 ppg) with 2 % o 1000 psig. TOH. TIH and set d 3500 gals of 15% NeFe. um. Avg. rate 4.5 BPM. Avg. press			

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
C POR PAOLON	Production Supervisor	8/9/90			
Lori Brown					
TYPE OR PRINT NAME		TELEPHONE NO.			
(This space for State Use)					
APPROVED BY	- mæ	DATE			
CONDITIONS OF APPROVAL, IF ANY:	: ·				