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

OIL CONSERVATION DIVISION P.O. Box 2088

Revised 1-1-89

WELL API NO.

DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease
DISTRICT III	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. E-9235
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
1. Type of Well:	Haley Chaveroo San Andres Unit
OIL GAS OTHER	Sec. 33
2. Name of Operator Murphy Operating Corporation	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
P. O. Drawer 2648, Roswell, New Mexico 88202-2648	Chaveroo San Andres
4. Well Location Unit Letter G: 1980 Feet From The North Line and 1980 Feet From The East Line	
Section 33 Township 7 South Range 33 East NMFM 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: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. L PLUG AND ABANDONMENT L	
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.	
8-28-90 TOH with tubing, rods and pump. TIH and set CIBP @ 4400'. TOH. TIH and to perforate (1JSPF) @ 4309', 4311', 4350.5' TOH. TIH with tubing and packer 8-30-90 and set @ 4120'. Acidize with 4000 gals 15% NeFe(Pentol) 24 ball sealers, 500# benzoic flake, 500# rosk salt. Good block and ball action, no ball off.	
Max Rate 5.4 BPM, Max Pressure 2500#, Avg Rate 5 BPM, Avg Pressure 1800# ISIP 100#, 3" SIP vacum. TOH. TIH with tubing, rods and pump. Begin production.	
I hereby certify that the information above in true and complete to the best of my knowledge and belief.	
SIGNATURE OU NOUS TITLE Production	Supervisor PATE 9-20-90
Lori Brown	,
TYPE OR PRINT NAME TELEPHONE NO.	
(This space for State Use)	
APPROVED BYTITLE	DATE
CONDITION OF APPROVAL IP ANY:	