

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. C-10047
7. Lease Name or Unit Agreement Name Todd Lower San Andres Unit Section 36
8. Well No. 2
9. Pool name or Wildcat Todd Lower San Andres Assoc.
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4169' DF

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator MURPHY OPERATING CORPORATION
3. Address of Operator P. O. Drawer 2648, Roswell, New Mexico 88202-2648	4. Well Location Unit Letter B : 990 Feet From The North Line and 2310 Feet From The East Line Section 36 Township 7 South Range 35 East NMPM Roosevelt County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: Convert to Injection WFX-578 <input checked="" type="checkbox"/>	

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.

6-9-1989

- TOH and lay down pump, rods, & tubing.
- PU and TIH w/ 4 1/2" Guiberson Uni-1 plastic coated packer and 128 jts (4079') of ceramic coated 2 3/8" tubing.
- Pump 50 bbls packer fluid.
- Set packer at 4091 K.B. and pressure test annulus to 350 psig for 30 minutes with OCD representative present.
- Initiate injection.

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

SIGNATURE Donna Bauer TITLE Production Supervisor DATE 7-6-1989
TYPE OR PRINT NAME Donna Bauer TELEPHONE NO. (505)623-7210

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 10 1989