

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2085

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5c. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
C-10047

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPERATE OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name Todd Lower S/A Unit
2. Name of Operator MURPHY OPERATING CORPORATION	8. Farm or Lease Name Todd Lower S/A Ut. Sec. 36
3. Address of Operator P. O. Box 2648, Roswell, New Mexico 88202-2648	9. Well No. 2
4. Location of Well UNIT LETTER <u>B</u> <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>7</u> South RANGE <u>35</u> East NMPM.	10. Field and Pool, or Wildcat Todd Lower S/A Assoc.
15. Elevation (Show whether DF, RT, GR, etc.) 4169' D.F.	12. County Roosevelt

16. 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 ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER <u>return well to producing</u> ☐

17. 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.

The subject well has been returned to producing. The status of this well has changed from shut-in to producing.

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

SIGNED Lois N. Brown TITLE Production Clerk DATE Oct. 13, 1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

OCT 15 1987

APPROVED BY _____ TITLE _____ DATE _____