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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease

State ☒ Fee ☐

5. State Oil & Gas Lease No.

E-10047

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL ☐ GAS WELL ☐ OTHER- Injection Well	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 Unit
3. Address of Operator P. O. Drawer 2648, Roswell, NM 88202-2648	9. Well No. 1
4. Location of Well UNIT LETTER A, 990 FEET FROM THE North LINE AND 990 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 7 South RANGE 35 East NMPM.	10. Field and Pool, or Wildcat Todd Lower S/A Assoc.
15. Elevation (Show whether DF, RT, CR, etc.) 4165' DF	12. County Roosevelt

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER convert to injection well ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Conversion to injection approved by OCD Order No. WFX-571 dated May 26, 1988.

6-8-88 TIH w/4070'. (130 jts.) 2-3/8" 4.7# J-55 ceramic-lined tubing and Baker AD-1
to packer. Set @ 4082.3 KB. Load annulus w/80 bbls. inert (packer) fluid and
6-9-88 pressure test per attached chart. Install wellhead and begin injection.

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

SIGNED Melinda K. Hickman
Melinda K. Hickman

TITLE Production Supervisor

DATE September 8, 1988

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE
DATE