

IL CONSERVATION DIVISION

P. O. BOX 2085

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1

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SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REFINISH 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	5c. Indicate Type of Lease State ☒ Fee ☐
2. Name of Operator MURPHY OPERATING CORPORATION	5. State Oil & Gas Lease No. E-10047
3. Address of Operator P. O. Drawer 2648, Roswell, NM 88202-2648	7. Unit Agreement Name Todd Lower S/A Unit
4. Location of Well UNIT LETTER <u>A</u> <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>7 South</u> RANGE <u>35 East</u> N.M.P.M.	8. Farm or Lease Name Todd Lower S/A Unit Section 36
	9. Well No. 1
	10. Field and Pool, or Wildcat Todd Lower S/A Assoc.
15. Elevation (Show whether DF, RT, GR, etc.) 4165' DF	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 <u>convert to injection well</u> ☒	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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 1503.

Authorization granted by OCD Order No. WFX-571 dated May 26, 1988 to inject water into the subject well through ceramic-lined tubing set in a packer located within 100' of the uppermost perforation through the gross perforated interval from approximately 4200' to 4350' for the purpose of secondary recovery.

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

SIGNED Melinda K. Hickman TITLE Production Supervisor DATE 6/8/88
Melinda K. Hickman

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: