

OIL CONSERVATION DIVISION

P. O. BOX 2083

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

Sec. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
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 DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL <input checked="" type="checkbox"/> WELL CAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/>
2. Name of Operator MURPHY OPERATING CORPORATION
3. Address of Operator P. O. Drawer 2648, Roswell, NM 88202-2648
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> NMPM.

7. Unit Agreement Name Todd Lower S/A Unit
8. Farm or Lease Name Todd Lower S/A Unit Sec. 36
9. Well No. 1
10. Field and Pool, or Wildcat Todd Lower S/A Assoc.
12. County Roosevelt

15. Elevation (Show whether DF, RT, GR, etc.) 4165' DF
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16. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>shut in well</u>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Melinda K. Hickman</u>	TITLE <u>Production Supervisor</u>	DATE <u>5/13/88</u>
ORIGINAL SIGNED BY JERRY SEXTON		
APPROVED BY <u>DISTRICT SUPERVISOR</u>	TITLE <u></u>	DATE <u>MAY 17 1988</u>