

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 ☒

FEE ☐

6. State Oil & Gas Lease No.

K-3935

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 ☐

GAS  
WELL ☐

OTHER

2. Name of Operator

Murphy Operating Corporation

3. Address of Operator

P. O. Drawer 2648, Roswell, New Mexico 88202-2648

7. Lease Name or Unit Agreement Name

Haley Chaveroo San Andres Unit  
Sec. 33

8. Well No.

4

9. Pool name or Wildcat

Chaveroo San Andres

4. Well Location

Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line

Section 33 Township 7 South Range 33 East NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

9-10-90 Acidize with 2000 gals 15% NeFe (Pentol); 5 ball sealer, 500# rock salt.  
Good block action, no ball action.

Max Rate 2.8 BPM, Max Pressure 3000 psig, Avg Rate 2.6 BPM, Avg Pressure 2500  
psig. ISIP 1000#, 15" SIP 1000#. Resume injection.

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

SIGNATURE

*Lori Brown*

TITLE

Production Supervisor

DATE

9-20-90

TYPE OR PRINT NAME

Lori Brown

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: