

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-062529-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1.

OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injection well

2. NAME OF OPERATOR

MURPHY OPERATING CORPORATION

3. ADDRESS OF OPERATOR

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit Ltr. 0, 330' FSL & 1650' FEL, Sec. 25, T7S, R35E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4154' GL

7. UNIT AGREEMENT NAME

Todd Lower San Andres Unit

8. FARM OR LEASE NAME

Todd Lower SA Unit, Sec. 25

9. WELL NO.

15

10. FIELD AND POOL, OR WILDCAT

Todd Lower SA Assoc.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 25, T7S, T35E

12. COUNTY OR PARISH 13. STATE

Roosevelt

NM

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

Temporarily Abandon ☒

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

- 6-6-1989 1. Release packer and TOH and lay down packer and tubing.
to
6-8-1989 2. TIH w/ 5 1/2" CIBP and set at 4200' K.B..
3. Pump packer fluid could not circulate, well on vacuum.
4. TIH w/ packer and found additional perforations at approximately
4110' K.B..
5. TOH pick up 5 1/2" CIBP. TIH and set CIBP at 4079' K.B..
6. Circulate hole w/ packer fluid and test casing to 325 psia for
30 minutes w/ OCD representative present.
7. Shut in well head. Well temporarily abandoned.

18. I hereby certify that the foregoing is true and correct

SIGNED

Donna Bauer
Donna Bauer

TITLE

Production Supervisor

DATE

7-6-1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side