

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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

7. UNIT AGREEMENT NAME

Todd Lower San Andres Unit

8. FARM OR LEASE NAME

Todd Lower San Andres Unit
Sec. 25

9. WELL NO.

15

10. FIELD AND POOL, OR WILDCAT

Todd Lower San Andres Assoc.

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

Sec. 25, T-7S, R-35E

12. COUNTY OR PARISH

Roosevelt

13. STATE

New Mexico

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 ☒ Salt Water Disposal Well

2. NAME OF OPERATOR

MURPHY OPERATING CORPORATION

3. ADDRESS OF OPERATOR

P. O. Drawer 2648, Roswell, New Mexico 88201

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

330' FSL and 1650' FEL, Unit Ltr. O, Sec. 25, T-7S, R-35E

14. PERMIT NO.

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

4154' G.L.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) change status to active ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

The status of this well has changed from Shut-in Well to active.

I hereby certify that the foregoing is true and correct

SIGNED

Lois N. Brown
Lois N. Brown

TITLE

Production Clerk

DATE Dec. 11, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

COPY

*See Instructions on Reverse Side

RECEIVED
DEC 12 1945
1540
HOBBS OFFICE

Y900