Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energ., Minerals and Natural Resources Department

Form C-103

Revised 1.1.89

District Office				Keriscu	A-X-07	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATI		WELL API NO.			
P.O. Box 2088 DISTRICT II P.O. Box 2088 Santa Fe, New Mexico 87504-2088						
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			5. Indicate Type of	Lease STATE X	FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas I K-1369	Lease No.		
SUNDRY NOTI	CES AND REPORTS ON WI	ELLS				
(FORM C-	PPOSALS TO DRILL OR TO DEEPE IVOIR. USE "APPLICATION FOR P 101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A ERMIT	7. Lease Name or U	nit Agreement Name	:	222
1. Type of Well: OIL OAS WELL X WELL	OTHER		Haley Chav Unit, Se	eroo San Ar ction 34	dres	
2. Name of Operator MURPHY OPERATING CORPO	RATION		8. Well No.			
3. Address of Operator	ANTI TOIL		9. Pool name or Wil	Idcat		
P. O. Drawer 2648, Ros	swell, New Mexico 882	202-2648	Chaveroo S			
	Feet From The North	133 becaul) = ===================================	La Wast		
			reet From T	ne WESE		Line
Section 34	Township 7 South 1	Range 33 East	NMPM Ro	osevelt	Cour	ity
	10. Lievadou (Snow whethe	· DE, KKD, KI, UK, EIC.)				/// <i>}</i>
11. Check A	Appropriate Box to Indicate	Nature of Notice, R	eport, or Other I	Data		2223
NOTICE OF INT	ENTION TO:		SEQUENT RE			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	A	LTERING CASING	3	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		LUG AND ABAND		_ П
PULL OR ALTER CASING		CASING TEST AND CE	,	- Serito nonto	- MINEN	
отнея: Convert to inject	ion well X	OTHER:				
12. Describe Proposed or Completed Operat	ions (Clearly state all nestinant datalla					
work) SEE RULE 1103.	com (views) same an periment acially,	araa give periineni aaies, inclu	ung esitmated date of s	iarting any proposed	!	
Authorization granted into the subject well of the uppermost performance to set packer for 30 minutes. Test	through ceramic-lined ration for the purpos at approximately 4160	I tubing set in a se of secondary r fill annulus and test tubir	packer loca recovery. with ment ng-casing ann	ted within	100'	I
I hereby certify that the information above is true	and complete to the best of my knowledge an	d belief. mre Production S		May	1.5 1	
SIONATURE 1. COLOR	T	me Froduction 3	supervisor	DATE MAY	15, 1	989
TYPEORPRINT NAME Melinda K.	H1CKMan			TELEPHONE NO.	623-7	210
(This space for State Use)	Orig. Signed by Paul Kautz Geologist			YAM	17	1989
APPROVED BY		me	· · · · · · · · · · · · · · · · · · ·	- DATE		