## State of New Mexico

Submit Depries to Appropriate District Office	Energ [i	nerals and Natural Re	esources Department		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CO	NSERVATIO P.O. Box 208		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Sant	ta Fe, New Mexico		5. Indicate Type of L	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	110			6. State Oil & Gas Lo	- AA
					N-1303
SUNDRY N ( DO NOT USE THIS FORM FOR DIFFERENT R (FOR	7. Lease Name or Un	it Agreement Name			
1. Type of Well:				Haley Chav	veroo San Andres
OIL GAS WELL		OTHER July	ector	Sec. 34	
2. Name of Operator	C +	Ø		8. Well No.	
Murphy Operating  3. Address of Operator	Corporation			9. Pool name or Wile	lcat
P. O. Drawer 2648	. Roswell.	New Mexico 882	02-2648		San Andres
4. Well Location	, Rosherry		<del></del>	<u></u>	
Unit Letter J :	1980 Feet From	n The <u>East</u>	Line and198	O Feet From T	he South Line
		7 C	22 5+	Dagas	
Section 34	Township	7 South R.D. Elevation (Show whether	ange 33 East	NMPM Roose	Velt County
	<i>      </i>	(2.00.0000	,,		
11. Ch	eck Appropriat	te Box to Indicate	Nature of Notice, F	Report, or Other I	Data
	INTÊNTÎON			SEQUENT RE	
PERFORM REMEDIAL WORK	<del></del>	AND ABANDON	REMEDIAL WORK	X	LTERING CASING
TEMPORARILY ABANDON	CHANG	GE PLANS	COMMENCE DRILLIN	G OPNS. P	LUG AND ABANDONMENT
PULL OR ALTER CASING [			CASING TEST AND C	EMENT JOB	
OTHER:			OTHER:		· .
12 Describe Proposed or Completed work) SEE RULE 1103. 6-1-90 Rig up pul			and give pertinent dates, incl	uding estimated date of s	tarting any proposed
well as fo	ncker & TOH. Ollows: (1J OH as follow	SPF) @ 4329',	ine truck TIH w 4346', 4351' 8	rith perf guns 4354'. TOH	& rig down logging
			n R-4 packer		3.45
			8" 4.7# J-55 co	ated tb	4029.72
		KBM correcti	on ts set packer @	<b>\</b>	$\frac{11.00}{4044.17}$
		ruii 10 poin	is set packer e	•	
				Ž.	
			and builties		
I hereby certify that the information abo	ye is true and complete			C	6/11/00
TWING C	/ WADU	)11.	Production	Supervisor	DATE 6/11/90

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	TITLE	JUN 2 1 1990
TYPE OR PRINT NAME		TELEPHONE NO.
Lori Brown		505-623-7210
( April ( ) April ) A	mme Production Supervisor	DATE 6/11/90
I hereby certify that the information above is true and complete to the best of my knowled	ige and bener.	

CONDITIONS OF APPROVAL, IF ANY:



MASSO DEFICE

