

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
Section 34

8. Well No.

2

9. Pool name or Wildcat

Chaveroo San Andres

4. Well Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 34 Township 7 South Range 33 East NMPM Roosevelt County

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

4404' KB

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: Convert to Injection Well R-8760 ☒

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.

4-26-1989 TOH and lay down rods, pump, and tubing. Pick up and TIH w/ D.C. Oil
to Tool 4 1/2" plastic coated AP-1 packer and 131 jts (4042') of ceramic coated
4-27-1989 2 3/8" tubing. Set packer at 4053' K.B.. Pump 45 bbls of packer fluid
and test annulus (see attached chart) to 340 psig for 15 minutes. Held
O.K..

6-1-1989 Acidize well w/ 1000 gals 15% NeFe acid. Average rate 3.6 BPM. Maximum
rate 3.6 BPM. Average pressure 310 psig. Maximum pressure 360 psig.
ISIP-vacuum. Well ready for injection.

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

SIGNATURE

Donna Bauer

TITLE

Production Supervisor

DATE

7-6-1989

TYPE OR PRINT NAME

Donna Bauer

TELEPHONE NO. (505) 623-7210

(This space for State) **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

JUL 14 1989

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

1000

RECEIVED
JUL 18 1989
OCD
HOBBS OFFICE