

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

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

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

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: Convert to injection well R-8760 ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Authorization granted by OCD Order No. R-8760 dated October 5, 1988 to inject water into the subject well through ceramic-lined tubing set in a packer located within 100' of the uppermost perforation for the purpose of secondary recovery.

Purpose to set packer at approximately 4150' ^{fill annulus with inert fluid} and test tubing-casing annulus to 300 psig for 30 minutes. Test chart will be furnished with final report.

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

SIGNATURE Melinda K. Hickman TITLE Production Supervisor DATE May 15, 1989

TYPE OR PRINT NAME Melinda K. Hickman TELEPHONE NO. 623-7210

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 17 1989

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MAY 16 1989

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HOBBS OFFICE