Submit 3 Copies to Appropriate District Office

APPROVED BY ---

CONDITIONS OF APPROVAL, IF ANY:

Energy, Mir Is and Natural Resources Department

Form C-103 Revised 1-1-89

District Office			
DISTRICT I 20. Box 1980, Hobbs, NM 88240	980, Hobbs, NM 88240 P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	·	:	6. State Oil & Gas Lease No. K-3935
	HER THE PEROPECON	WELLO	
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.)			7. Lease Name or Unit Agreement Name
. Type of Well: OIL GAS WELL X WELL OTHER			Haley Chaveroo San Andres Unit Sec. 34
2. Name of Operator			8. Well No.
Murphy Operating	Corporation		<u> </u>
3. Address of Operator			9. Pool name or Wildcat
P. O. Drawer 2648	, Roswell, New Mexi	co 88202-2648	Chaveroo San Andres
4. Well Location			
Unit Letter A: 66	O Feet From The North	Line and 6	60 Feet From The Last Line
Section 34	Township 7 South	Range 33 East heiher DF, RKB, RT, GR, etc.)	NMFM Roosevelt County
			<u> </u>
11. Check	Appropriate Box to Indie	cate Nature of Notice, I	Report, or Other Data
NOTICE OF IN	~ ~		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND	CEMENT JOB
OTHER:		OTHER:	·
12. Describe Proposed or Completed Operark) SEE RULE 1103.	erations (Clearly state all pertinent de	tails, and give pertinent dates, in	cluding estimated date of starting any proposed
1. Spot 30 sacks plug	g @ perf.	•	
2. Mix 20 sacks plug	or 150' plug @ base	of salt.	
3. BTM of surface sho	oot squeeze hole, pu	mp 50 sacks outsid	de pipe and 20 sacks inside pipe
4. Set 10 sacks plug	@ surface and insta	lled dry hole mar	ker.
			·
I hereby certify that the information above t	True and complete to the best of my know		5.03
SIGNATURE OU	Slown	mr _Production	n Supervisor DATE 5-6-91
Lori Brown	,	• .	•
TYPE OR PRINT NAME	•		TELEPHONE NO.

BY SEKTON

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