

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.)

7. Lease Name or Unit Agreement Name

Haley Chaveroo San Andres Unit  
Section 34

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

MURPHY OPERATING CORPORATION

8. Well No.

1

3. Address of Operator

P. O. Drawer 2648, Roswell, New Mexico 88202-2648

9. Pool name or Wildcat

Chaveroo San Andres

4. Well Location

Unit Letter A : 660 Feet From The North Line and 660 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' DF

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: Return well to producing status. ☒

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.

6-9-1989 TOH w/ rods, pump, and tubing. Clean out well to 4280' K.B..

to

6-19-1989 TIH w/ packer and set at 4050. Acidize w/ 2000 gals 25% NeFe. Average rate 3 BPM. Maximum rate 3 BPM. Average pressure 25 psig. Maximum pressure 50 psig. ISIP Vacuum.

TOH w/ packer and tubing. TIH w/ tubing, pump, and rods. Return well to production effective June 19, 1989.

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

7-11-1989

TYPE OR PRINT NAME

Donna Bauer

TELEPHONE NO. (505) 623-7210

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

JUL 17 1989

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: