

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-1369

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Haley Chaveroo San Andres Unit Sec. 34
2. Name of Operator Murphy Operating Corporation	8. Well No. 9
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 <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>7 South</u> Range <u>33 East</u> NMPM <u>Roosevelt</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <u>Acidize</u> <input type="checkbox"/>

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.

2-8-90 TOH with rods, pump and tubing. TIH with packer and tubing and test casing.
to Casing would not test, possible holes. TOH. TIH and run casing inspection
2-19-90 log. Casing appears ok. TOH. TIH and retest casing. Found hole @ 1776'-
1807'. Repair hole with 300 sxs class C (14 ppg) with 2% CaCl. TOH. TIH
with bit and clean out well. Test casing to 500 psig for 30 minutes. TIH
with packer and set @ 4057'. Acidize with 3500 gals 15% NeFe.

Max rate 4.5 BPM. Max pressure 3400 psig. ISIP 800 psig. 10 min. SI 350 psig.
Avg. rate 4.5 BPM. Avg. pressure 1787 psig. 5 min. 500 psig. 15 min. SI 200 psig.
TOH. TIH with tubing, pump and rods. Return well to production.

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

SIGNATURE Lori Brown TITLE Production Supervisor DATE 8/9/90
TYPE OR PRINT NAME Lori Brown TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: