

UNITED STATES N. M. OIL & GAS COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-062529-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

MURPHY OPERATING CORPORATION

3. ADDRESS OF OPERATOR

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

Unit Ltr. P, 660' FSL & FEL, Sec. 25, T-7S, R-35E

14. PERMIT NO.

15. ELEVATIONS (Show whether DY, RT, CR, etc.)

4151' G.R.

7. UNIT AGREEMENT NAME

TODD LOWER SAN ANDRES UNIT

8. FARM OR LEASE NAME

TODD LOWER S/A UNIT SEC.25

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Todd Lower S/A Associated

11. SEC., T., R., OR BLK. AND SURVEY OR AREA

Sec. 25, T-7S, R-35E

12. COUNTY OR PARISH

Roosevelt

13. STATE

New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

9-24-87 RU PU. Unseated pump & TOH w/rods & pump. Changed elev., nipples dn. WH. TOH w/tbg. @ 4306.79' + 10' KBM - 4316.79' PBTB. TIH w/tbg., left tag jt. out, acidized as follows:

12 bbls. or 500 gals. 15% NEFE Acid mixed w/Xylene.

Flushed w/17 bbls. fresh soapy water.

TIH w/rods. Put on pump. RD PU.

18. I hereby certify that the foregoing is true and correct

SIGNED Lois N. Brown

TITLE Production Clerk

DATE October 21, 1987

(This space for Federal or State office use)

PETER W. CRESTER

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 12 1987

LAND MANAGEMENT