

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-3935
7. Lease Name or Unit Agreement Name Haley Chaveroo San Andres Unit Sec. 34
8. Well No. 16
9. Pool name or Wildcat Chaveroo San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection Well
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 <u>P</u> : <u>660</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

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 checked="" 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 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.

11-21-90 Acidize well with 2000 gals 15% Ne Pentol acid with 500# salt block.
Good block action.

Avg. rate 2.3 BPM
Max rate 2.4 BPM

Avg. pressure 950 psig
Max pressure 1070 psig

ISIP 650 psig. Return to injection.

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 3-1-91
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

MAR 07 1991

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: