1 Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, erals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL	CON	NSER	VA'	ΓΙΟΝ	DIVISIO	N
			_			

P.O. Box 2088

Santa 1	Fe, Nev	Mexico /	87504-2088
---------	---------	----------	------------

WELL API NO.	1-1045	
20204	7-7043	•
5. Indicate Type of Lease	जि.	

P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexi
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	

1000 Kid Brazos Kd., Aztec, NWI 87410	d. State Oil & Gas Lease No. K-1369
SUNDRY NOTICES AND REPORTS ON WELI	_S ////////////////////////////////////
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN (DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL GAS WELL X WELL OTHER	Haley Chaveroo San Andres Unit Sec. 34
 Name of Operator Murphy Operating Corporation 	8. Well No. 14
3. Address of Operator P. O. Drawer 2648, Roswell, New Mexico 88207	9. Pool name or Wildcat Chaveroo San Andres
4. Well Location N 1080 West	Time and 990 Feet From The South Line
Unit Letter N: 1980 Feet From The West	Line and 990 Feet From The South Line
Section 34 Township 7 South Rar	
10. Elevation (Show whether I)F, RKB, RT, GR, etc.)
11. Check Appropriate Box to Indicate N	lature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	OTHER: Acidize & Perforate
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, an work) SEE RULE 1103.	d give pertinent dates, including estimated date of starting any proposed
to possible hole between 1774'-1899'. 2-26-90 with 2% CaCl. TOH. TIH with bit	

Max rate 5 BPM. Max pressure 1200 psig. ISIP vacum. Avg. rate 4.4 BPM. Avg. pressure 275 psig.

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	se and belief	
SIGNATURE OU STOWN TOWN	mme Production Supervisor	DATE 8/9/90
Lori Brown TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)		
APPROVED BY	_ TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	`. •	