to Appropriate District Office	Enerry, Minerals and Natural Resources Department		Revised 1-1-89			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. <u>30-041-10477</u> 5. Indicate Type of Lease			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. OG-029			
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 Jeninifer Chaveroo San Andres Uni			
1. Type of Well: OIL GAS WELL OTHER			Sec 3.5			
2. Name of Operator Murphy Operating Corporation			8. Well No. 6			
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 LetterF 1980 Feet From The North Line and Feet From The Line						
Section 35			NMPM Roosevelt 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: SUE			SEQUENT REPORT OF:			
		REMEDIAL WORK ALTERING CASING				
	CHANGE PLANS					
PULL OR ALTER CASING		CASING TEST AND CE				
OTHER: Convert to inj	ection well X	OTHER:	·			

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.

Authorization granted by OCD Order No. R-9007 dated September 6, 1989 to inject water into the subject well through ceramic-lined tubing set in a packer located within 100' of the uppermost perforation for the purpose of secondary recovery.

Propose to set packer at approximately 4150' and fill annulus with inert packer fuild and test tubing-casing annulus to 300 psig for 30 minutes. Test chart will be furnished with final report.

I hereby certify that the information above the signature of the signature	prie and complete to the best of my know		Production Supervisor	DATE	5/1/90
TYPE OR PRINT NAME LORI Brown				TELEPHONE	E NO.
(This space for State Use)	Orig. Signe Paul Kautz			MAY	· 4 1000
APPROVED BY	Geologist	TITLE		DATE	1990