Submit 3 Copies to Appropriate District Office

State of New Mexico nerals and Natural Resources Department Energy,

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088

ELL API NO.	
Indianta Timo of Lanca	

DISTRICT II		Ç _a	nta Fe, New M	avica !	27504.2022		
P.O. Drawer DD, Artesia	a, NM 88210	Sa	inta i e, i vew ivi	CAICO	37304-2000	5. Indicate Type of Le	ease V
DISTRICT III					•		STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.				
		OTIOFO AND	DEDODTO O	1 1417-1			K-1369
			REPORTS OF		LS OR PLUG BACK TO A		
			"APPLICATION F			7. Lease Name or Uni	it Agreement Name
	(FOF	M C-101) FOR S	SUCH PROPOSALS	S.)		Halov Cha	veroo San Andres
1. Type of Well:						Unit Sect	
MET X	GAS WELL		OTHER			On to seco	1011 34
2. Name of Operator		<u></u>				8. Well No.	
Murphy Ope	erating	Corporation	on			15	
Address of Operator						9. Pool name or Wild	1
	<u>wer 2648</u>	3, Roswell	, New Mexico	0 882	02-2648	Chaveroo	San Andres
4. Well Location	_				100		
Unit Letter	_0:	<u>990</u> Feet Fr	om The Sout	<u>h</u>	Line and198	O Feet From Th	Line Line
					22 5 1	D	74
Section	34	Townsh	7 South		nge 33 East	NMPM Roose	evelt
///////////////////////////////////////	///////		IU. Elevation (Show	whether I	OF, RKB, RT, GR, etc.)		///////////////////////////////////////
11.	Che	ck Appropri	ate Box to Ind	icate N	Nature of Notice, Re	eport, or Other D)ata
NOT	FICE OF	INTENTIO	N TO:		SUB	SEQUENT REI	PORT OF:
	г	7					
PERFORM REMEDIAL	.WORK L	PLUG	S AND ABANDON		REMEDIAL WORK	L AL	TERING CASING
TEMPORARILY ABANI	DON [CHAI	NGE PLANS		COMMENCE DRILLING	OPNS PI	LUG AND ABANDONMENT
		_					
PULL OR ALTER CAS	ING L				CASING TEST AND CE		
OTHER:	other. Acidize				and return well to Production x		
12. Describe Proposed of work) SEE RULE 1		Operations (Clearly	y state all pertinent d	letails, an	d give pertinent dates, inclu	ding estimated date of su	arting any proposed
1-5-90	1.)	Ria up P.	U. and TOH	with	rods, pump and	tubing.	
thru	,				. , ,	•	
1-9-90	2.)	P.U. packer and TIH and set @ 4018' K.B. Acidize well					
2 3 3 3	,		gals 15% N				
					x presure 2500	psig.	
		Avg. Rate	3.5 BPM ma	x rat	e 4.4 BPM.		
•		ISĬP Vacu					
	3.)				H with pump, re	ods and tubing	g •
		Return we	11 to produ	ictior	1.		
I hereby certify that the in	of officiation above	e is true and complete	to the best of my know	vledge and	belief.		
SIGNATURE	Yore	Dia	1	m	D . 1 . 1	Supervisor	DATE2/2/90
TYPE OR PRINT NAME	Lori B	rown					TELEPHONE NO. 505-623-72
(This space for State Heal	,						EED 67 1000
(This space for State Use)	SINAL SIG	NII DY JINY	SEXTON				FEB 0 7 1990
	DISTRIC	CT I SUPERVISA	DR	-	T 2		DATE
APPROVED BY				1/1	LE		DATE

CONDITIONS OF APPROVAL, IF ANY: