

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL & GAS PROGRAM
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

APPROPRIATE NO. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0139989 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 ☐		7. UNIT AGREEMENT NAME TODD LOWER SAN ANDRES UNIT
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION		8. FARM OR LEASE NAME TODD LOWER S/A UNIT SEC.30
3. ADDRESS OF OPERATOR P. O. Box 2648, Roswell, New Mexico 88202-2648		9. WELL NO. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Ltr. M, 660' FSL & 610.5' FWL, Sec. 30, T-7S, R-36E		10. FIELD AND POOL, OR WILDCAT Todd Lower S/A Associated
11. PERMIT NO.		11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec. 30, T-7S, R-36E
15. ELEVATIONS (Show whether DY, RT, CR, etc.) 4151' G.R.		12. COUNTY OR PARISH Roosevelt
		13. STATE New Mexico

18. 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., hippled dn. WH. TOH w/tbg. @4293.23' + 10' KBM - 4303.23' PBSD. TIH w/tbg. @ 4276.03' (pumping well from this depth). Acidized as follows:

12 bbls. or 500 gals. 15% NEFE Acid mixed w/Xylene.
Flushed w/17 bbls. soapy water.

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

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

SIGNED Lois N. Brown
Lois N. Brown

TITLE Production Clerk

DATE October 21, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD
PETER W. CHESTER

NOV 12 1987

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
RESOURCE AREA