

N. M. OIL CONG. COMMISSION  
UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
P. O. BOX 88240  
ALBUQUERQUE, NEW MEXICO 87188  
SUBMIT IN TRIPLICATE  
(Other Instructions on Reverse Side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-062529-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

TODD LOWER SAN ANDRES UNIT

8. FARM OR LEASE NAME

Todd Lower San Andres Unit  
Section 25

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Todd Lower San Andres Assoc.

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Section 25, T-7S, R-35E

12. COUNTY OR PARISH 13. STATE

Roosevelt

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

MURPHY OPERATING CORPORATION

3. ADDRESS OF OPERATOR

P. O. Box 2648, Roswell, New Mexico 88202-2648

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

Unit Ltr. H, 1980' FNL, 660' FEL, Sec. 25, T-7S, R-35E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4175.8' G.R.

16. 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 COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) shut-in well

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

REPAIRED WELL

ALTERING CASING

ABANDONMENT\*

X

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.)\*

The subject well has been shut-in. The status of this well has changed from producing to shut-in.

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

SIGNED

Lois N. Brown

TITLE Production Clerk

DATE August 4, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE

AUG 7 1987

BUREAU OF LAND MANAGEMENT

\*See Instructions on Reverse Side