

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI  
(Other instructions on re-  
verse side)

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 7. UNIT AGREEMENT NAME<br>TODD LOWER SAN ANDRES UNIT         |  |
| 2. NAME OF OPERATOR<br>MURPHY OPERATING CORPORATION  |  | 8. FARM OR LEASE NAME<br>TLSAU Sec. 25                       |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Drawer 2648, Roswell, New Mexico 88201   |  | 9. WELL NO. (formerly 8 (Mark Fed. #7)                       |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1980' FNL & 660' FEL, Sec. 25, T-7S, R-35E, NMPM<br>Unit Ltr. H |  | 10. FIELD AND POOL, OR WILDCAT<br>Todd Lower San Andres      |  |
| 14. PERMIT NO.   |  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4175.8' GR |  |
|  |  | 12. COUNTY OR PARISH<br>Roosevelt                            |  |
|  |  | 13. STATE<br>New Mexico                                      |  |

10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:                                     |  |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <input type="checkbox"/>  | FRACTURE TREATMENT <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input checked="" type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>                          | (Other) <input type="checkbox"/>         |

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.)\*

9-13-85 RU acid truck (Charger). SD pumping unit on dn. stroke. Press. tbg. to 300 psi. Calcium sulfate scaling job as follows:

Pumped 500 gals. 15% NEFE mixed w/200# Benzoic Flakes  
Shut dn., waited one hr.  
Pumped 220 gals. #405 Chemi (Unichem) mixed w/220 gals. 2% KCL wtr.  
Flushed w/250 gals. 2% KCL wtr.  
SD for 24 hrs.

9-14-85 RU acid truck (Charger). Pumped 500 gals. 15% NEFE Acid. Flushed w/40 bbls. 2% KCL. Waited two hrs. Rel. tbg. press. Put well pumping on hand. RD.

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

SIGNED Lois N. Brown

TITLE Production Records

DATE Oct. 17, 1985

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE \_\_\_\_\_

OCT 23 1985

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side

RECEIVED

OCT 24 1985

G.O.P.  
HONORARY OFFICE