

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL, GAS, COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 740

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
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION	8. FARM OR LEASE NAME Wolf Federal
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88202-2648	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter B, 660' FNL & 2310' FEL, Sec. 19, T7S, R34E	10. FIELD AND POOL, OR WILDCAT Chaveroo San Andres
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T7S, R34E
	12. COUNTY OR PARISH Roosevelt
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Request TA status	X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____	

(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.)*

Murphy Operating Corporation requests the subject well be placed in a temporarily abandoned status. This well does not produce sufficient volumes of oil and gas to be commercially viable. At some point in the future, this well may be used in a secondary recovery project, therefore, it is critical that this well not be plugged and abandoned.

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

SIGNED Melinda K. Hickman
Melinda K. Hickman

TITLE Production Supervisor

DATE February 13, 1989

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED FOR _____ MONTH PERIOD
ENDING JUL 19 1990

*See Instructions on Reverse Side

DATE	APPROVED
	PETER W. CHESTER
	JUL 19 1989
BUREAU OF LAND MANAGEMENT ROSWELL RESERVE AREA	