

WATER CONSERVATION DIVISION
P. O. BOX 2085
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5c. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-3933	

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator MURPHY OPERATING CORPORATION	8. Farm or Lease Name State CVB
3. Address of Operator P. O. Drawer 2648, Roswell, New Mexico 88202-2648	9. Well No. 3
4. Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM <u>East</u> LINE, SECTION <u>31</u> TOWNSHIP <u>7 South</u> RANGE <u>33 East</u> N.M.P.M.	10. Field and Pool, or Wildcat Chaveroo San Andres
15. Elevation (Show whether DF, RT, CR, etc.) 4450' DF	12. County Roosevelt

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <u>return well to production</u>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

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

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Melinda K. Hickman TITLE Production Supervisor DATE November 2, 1988
Melinda K. Hickman

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____