

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-10627
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	K-2672

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Jennifer Chaveroo San Andres Unit Sec. 36
2. Name of Operator Murphy Operating Corporation	8. Well No. 6
3. Address of Operator P. O. Drawer 2648, Rpswell, New Mexico 88202-2648	9. Pool name or Wildcat Chaveroo San Andres
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>36</u> Township <u>7 South</u> Range <u>33 East</u> NMPM <u>Roosevelt</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Set C.I.B.P. ☒

12. 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.

2-20-91 TOH and lay down rods, pumps and tubing. TIH with bit and scrapper to thru 4386' PBD. TIH and set CIBP @ 4190'.
2-21-91

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

SIGNATURE Lori Brown TITLE Production Supervisor DATE 5-13-91
TYPE OR PRINT NAME Lori Brown TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE MAY 16 1991

CONDITIONS OF APPROVAL, IF ANY: