

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL & GAS COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection well	7. UNIT AGREEMENT NAME Todd Lower SA Unit
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION	8. FARM OR LEASE NAME Todd Lower SA Unit, Sec. 30
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88202-2648	9. WELL NO. 12
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Ltr. L, 611.3' FWL & 1980' FSL, Sec. 30, T7S, R36E	10. FIELD AND POOL, OR WILDCAT Todd Lower SA Assoc.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T7S, R36E	
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) Temporarily abandon <input checked="" type="checkbox"/>	

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) <input type="checkbox"/>	

(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.) \*

8 5/8" casing set @ 275'. Cement w/150 sxs. Circulate to surface.  
5 1/2" casing set @ 4440'. Cement w/250 sxs. TOC 3482'.  
Perforations 4232-4266'. 1 JSPF = 8 holes.

Dig temporary workover pit.

Plan to set CIBP within 50' of uppermost perforation (4206'). Casing will be circulated with inert (packer) fluid. Casing will be pressure tested to 500 psig for 30 minutes.

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

SIGNED Melinda K. Hickman

TITLE Production Supervisor

DATE May 31, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*Notify BLM in sufficient time to witness W.O. & pressure test*

\*See Instructions on Reverse Side

SUBJECT TO LIKE  
APPROVAL BY STATE

APPROVED  
PETER W. CHESTER

JUN 16 1989

BUREAU OF LAND MANAGEMENT  
ROSSELL RESOURCE AREA