

UNITED STATES N. M. OIL & GAS COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-0139989A
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection Well	7. UNIT AGREEMENT NAME Todd Lower S/A Unit	
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION	8. FARM OR LEASE NAME Todd Lower S/A Unit Sec. 30	
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, NM 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 S/A Assoc.	
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T7S, R36E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PELL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>convert to injection well</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

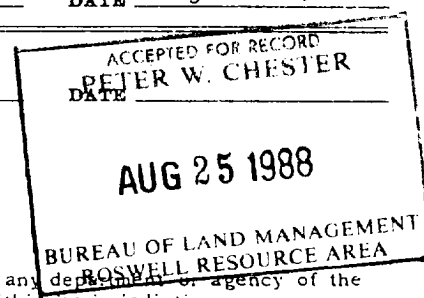
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Conversion to injection approved by OCD Order No. WFX-571 dated May 26, 1988.

5-27-88 TIH w/4082' (130 jts.) 2-3/8" 4.7# J-55 ceramic-lined tubing and Baker AD-1
to packer. Set @ 4095' KB. Loaded annulus w/80 bbls. inert (packer) fluid
5-28-88 and pressure test per attached chart. Install wellhead and begin injection.



18. I hereby certify that the foregoing is true and correct
SIGNED Melinda K. Hickman TITLE Production Supervisor DATE August 24, 1988
(This space for Federal or State office use)
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side