

**UNITED STATES N. M. LAND SURVEY COMMISSION**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**  
**ROOSEVELT BOX 1980**  
**ROBBS, NEW MEXICO 88240**

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0139989A

**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.)

<p>1. <input type="checkbox"/> OIL WELL    <input type="checkbox"/> GAS WELL    <input type="checkbox"/> OTHER    Injection Well</p> <p>2. NAME OF OPERATOR MURPHY OPERATING CORPORATION</p> <p>3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, NM 88202-2648</p> <p>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 &amp; 1980' FSL, Sec. 30, T-7S, R-36E</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Todd Lower S/A Unit</p> <p>8. FARM OR LEASE NAME Todd Lower S/A Unit Sec. 30</p> <p>9. WELL NO. 12</p> <p>10. FIELD AND POOL, OR WILDCAT Todd Lower S/A Assoc.</p> <p>11. SEC., T., E., N., OR BLK. AND SURVEY OR AREA Sec. 30, T-7S, R-36E</p> <p>12. COUNTY OR PARISH Roosevelt</p> <p>13. STATE New Mexico</p>
<p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, CR, etc.)</p>	

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"/>	PULL 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) <input type="checkbox"/>	
(Other) convert to injection well <input checked="" 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.)\*

Authorization granted by OCD Order No. WFX-571 dated May 26, 1988 to inject water into the subject well through ceramic-lined tubing set in a packer located within 100' of the uppermost perforation through the gross perforated interval from approximately 4200' to 4350' for the purpose of secondary recovery.

RECEIVED  
JUN 9 10 52 AM '88

I hereby certify that the foregoing is true and correct

SIGNED Melinda K. Hickman TITLE Production Supervisor DATE 6/8/88  
Melinda K. Hickman

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: SUBJECT TO LIKE APPROVAL BY STATE

**APPROVED**  
DATE  
**PETER W. CHESTER**  
**JUN 15 1988**  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side