

UNITED STATES N. M. 811-8013 COMMERCIAL
DEPARTMENT OF THE INTERIOR BOX 1980
BUREAU OF LAND MANAGEMENT HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

NM-0139989 A

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME TODD LOWER SAN ANDRES 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. Box 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 611.3' FWL & 1980' FSL, Unit Ltr. L, Sec. 30, T-7S, R-36E		10. FIELD AND POOL, OR WILDCAT Todd Lower S/A Associated	
14. PERMIT NO.		15. ELEVATIONS (Show whether DT, RT, CR, etc.) 4157' K.B.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-7S, R-36E	
		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)	<input type="checkbox"/>		<input 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) returned well to producing	<input checked="" type="checkbox"/>		<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.)*

9-22-87 RU-PU, unseated pump. TOH w/rods & tbg.
9-23-87 TIH w/tbg. as follows:

Perf sub w/bull plug	3.60
seat nipple	1.10
132 jts. 2-3/8" tbg.	4237.38
one 2-3/8" tbg. sub	10.00
one 2-3/8" tbg. sub	6.00
	4258.08'
10' KBM	10.00
Pump well from depth	4268.08'

RU pump & acidized as follows: flushed w/16 bbls.-12 bbls. or 500 gals. 15% NEFE, mixed w/Xylene. TIH w/rods as follows:

Polish rod - 16' X 1-1/4" w/6' X 1-1/2" liner
168 - 25' X 3/4" rods
Pump - 2" X 1-1/2" X 12'

Left well shut-in for 6 hrs. & started pumping.

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

SIGNED Lois N. Brown
Lois N. Brown

TITLE Production Clerk

DATE October 13, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

OCT 14 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

RECEIVED

SEP 16 1967

OCB
FOREIGN OFFICE