

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1930
ROSWELL, NEW MEXICO 88240

Form approved
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 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 San Andres Unit Section 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, 198' FSL Unit Ltr. L, Section 30, T-7S, R-36E		10. FIELD AND POOL, OR WILDCAT Todd Lower San Andres Assoc.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DT, RT, GR, etc.) 4157' K.B.	
		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"/>	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) <u>shut-in well</u> <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.)*

The subject well has been shut-in. The status of this well changed from producing to shut-in.

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

SIGNED Lois N. Brown
(This space for Federal or State office use)

TITLE Production Clerk

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE August 4, 1987
ACCEPTED FOR RECORD
PETER W. CHESTER

DATE
AUG 7 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA