

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0139989A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER ☒ Injection Well

2. NAME OF OPERATOR

MURPHY OPERATING CORPORATION

3. ADDRESS OF OPERATOR

P. O. Drawer 2648, Roswell, NM 88202-2648

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit Ltr. F, 1873.3' FWL & 1980' FNL, Sec. 30, T-7S, R-36E.

7. UNIT AGREEMENT NAME

Todd Lower S/A Unit

8. FARM OR LEASE NAME

Todd Lower S/A Unit Sec. 30

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Todd Lower S/A Assoc.

11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA

Sec. 30, T-7S, R-36E

12. COUNTY OR PARISH

Roosevelt

13. STATE

New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4151.2' GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

convert to injection well ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.

I hereby certify that the foregoing is true and correct

SIGNED

Melinda K. Hickman

TITLE Production Supervisor

DATE 6/8/88

This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

SUBJECT TO LIKE
APPROVAL BY STATE

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

JUN 15 1988