

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

DATE
re

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

5. LEASE DESIGNATION AND SERIAL NO.
NM-0139989

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 ☐
2. NAME OF OPERATOR
MURPHY OPERATING CORPORATION
3. ADDRESS OF OPERATOR
P. O. Box 2648, Roswell, New Mexico 88202-2648
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1873.3' FWL & 1980' FNL, Sec. 30, T-7S, R-36E, Unit Ltr. F

7. UNIT AGREEMENT NAME
TODD LOWER SAN ANDRES UNIT

8. FARM OR LEASE NAME
Todd Lower San Andres Unit
Section 30

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
TODD LOWER SAN ANDRES ASSOC.

11. SEC., T., R., N., OR BLK. AND
SURVEY OR AREA
Sec. 30, T-7S, R-36E

14. PERMIT NO.

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

4151.2' G.R., 4152.2' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) returned well to producing ☒
(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 returned to production. The status of this well has changed from shut-in to producing.

I hereby certify that the foregoing is true and correct

SIGNED Lois N. Brown TITLE Production Clerk DATE March 10, 1987
Lois N. Brown

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

COPY

*See Instructions on Reverse Side

RECEIVED
MAR 16 1981
OCD
HOBBS OFFICE

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