

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88400

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-15019

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CONE FEDERAL

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Tomahawk San Andres

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

Sec. 31, T-7S, R-32E

12. COUNTY OR PARISH

Roosevelt

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

MURPHY OPERATING CORPORATION

3. ADDRESS OF OPERATOR

P. O. Drawer 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

1980' FSL & 660' FWL, Unit Ltr. L, Sec. 31, T-7S, R-32E

14. PERMIT NO.

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

4467' G.L.

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PCLL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

(Other) pressure test casing ☒

(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.)*

On or about September 15, 1988:

1. Set cast iron bridge plug approximately 50' above uppermost perforation.
2. Dump 30' cement on top of CIBP.
3. Load casing with treated water (corrosion and scale inhibitors) and pressure test to 500 psi and hold for 30 minutes.
4. MOC will notify the BLM office in Roswell, NM 48 hours prior to witness test.

I hereby certify that the foregoing is true and correct

SIGNED

Melinda K. Hickman
Melinda K. Hickman

TITLE Production Supervisor

DATE 7/15/88

This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

