

3160-5  
(September 1983)  
formerly 9-331)

UNIT STATES  
P. O. BOX 1980 UNIT  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI  
(Other instructions  
reverse side)

Budget Bureau No. 1004-0135  
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., M., 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 88201

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, Sec. 31, T-7S, R-32E, Unit Ltr. L

14. PERMIT NO.

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

4467' GL

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) temporarily abandoned

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

X

(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.)\*

7-18-86 RU & layed dn. walking beam, rods & pump.

7-19-86 Nippled dn. WH; layed dn. 2-3/8" tbg.; closed in well w/6' sub & bull plug. RD.  
The subject well has been temporarily abandoned.



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

SIGNED Lois N. Brown  
Lois N. Brown

TITLE Production Clerk

DATE August 7, 1986

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED FOR 12 MONTH PERIOD  
ENDING AUG 8 1987

\*See Instructions on Reverse Side

APPROVED  
DATE \_\_\_\_\_  
PETER W. CHESTER

AUG 8 1986

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

RECEIVED  
AUG 19 1986  
O.C.B.  
Harris Center