

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

N. M. OIL CONS. COMMISSION
SUBJECT: OIL RIGHTS
(Other Instructions)
8-30X 1980

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well	5. LEASE DESIGNATION AND SERIAL NO. 88240 NM-0139989-A
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2648, Roswell, New Mexico 88202-2648	7. UNIT AGREEMENT NAME TODD LOWER S/A UNIT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & FEL, Unit Ltr. P, Sec. 30, T-7S, R-36E	8. FARM OR LEASE NAME TODD LOWER S/A Ut. Sec. 30
14. PERMIT NO.	9. WELL NO. 16
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 4129.1' G.R.	10. FIELD AND POOL, OR WILDCAT Todd Lower S/A Associated
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-7S, R-36E
	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 <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) to convert to injection <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)*

Authorization granted by OCD Order No. WFX-567 dated November 4, 1987 to inject water into the subject well through plastic-lined tubing set in a packer located within 100' of the uppermost perforation through the gross perforated interval from approximately 4223' to 4344' for the purpose of secondary recovery.

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

SIGNED Lois N. Brown TITLE Production Clerk DATE Nov. 20, 1987
Lois N. Brown

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

APPROVED
DATE
PETER W. CHESTER
NOV 24 1987
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED

NOV 25 1981

OCCD

HOBBS OFFICE