

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.
NM 0139989

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Todd Lower San Andres Unit	
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION		8. FARM OR LEASE NAME Todd Lower SA Unit Sec. 30	
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88201		9. WELL NO. 16	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FEL, Sec. 30, T-7S, R-36E		10. FIELD AND POOL, OR WILDCAT Todd Lower San Andres Assoc.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4129.1' G.R.	
		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"/>	PULL 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)	<input type="checkbox"/>		<input 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) cleaned out & drlg. deeper	<input checked="" type="checkbox"/>		<input checked="" 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.) *

- 11-9-84 RU PU & unseat pump. TOH w/rods. RU tbgs. elev. & TIH w/tag jt. & tagged btm. @ 4278.94' - 3' K.B. = 4276'. TOH w/2-3/8" tbgs. & SLM. TIH w/D.C. & 4-3/4" bit to 4278.94', picked up power swivel & drlg. to 4305' G.L. (total of 29'). Pulled two stands into csg.
- 11-10-84 TOH w/D.C. & drlg. bit & RU sand pump. TIH & cleaned out 5'. TOH w/sand pump. TIH w/2-3/8" tbgs. to 4304'. Spotted 250 gals. 28% acid and overflushed w/1 bbl. water & let set for 15 min. TOH w/4 stands 2-3/8" tbgs. & flushed w/18 bbls. water.
- 11-12-84 TIH w/135 jts. 2-3/8" tbgs., 10' 2-7/8" mud jt. sub, seat nipple, 2 6' 2-3/8" sub, 1 8' 2 3/8" sub. & 1 4' 2-3/8" sub @ 4284.94'. Ran 2 - 7/8" rods, 104 5/8" rods, 62 -3/4" rods & 4 - 3/4" rod sub. TOH. Well pumping from 4274.41' w/good pump action. RD.

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

SIGNED Lois N. Brown TITLE Production Records DATE Dec. 17, 1984
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
TITLE _____

DATE _____

FEB 1 1985

*See Instructions on Reverse Side
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED

FEB -4 1985

O.C.D.
HOUSE OFFICE