

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0509201

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. 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

Unit Ltr. L, 1980' FSL & 660' FWL, Sec. 18, T-8S, R-38E

7. UNIT AGREEMENT NAME

Bluitt San Andres Unit

8. FARM OR LEASE NAME

Bluitt San Andres Ut. Sec.18

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Bluitt San Andres Assoc.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR ARMA

Sec. 18, T-8S, R-38E

14. PERMIT NO.

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

3984.7' G.L., 3996.7' 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 ☐

SECURING OR ACIDIZING ☐

(Other) shut-in well ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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 perti-
nent to this work.)*

The subject well has been shut-in. The status of this well has changed from producing to
shut-in.

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

SIGNED

Lois N. Brown
LOIS N. Brown

TITLE Production Clerk

DATE November 6, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

COPY

*See Instructions on Reverse Side

Y900