| Form 3160-5 November 1983) Pormerly 9-331)  DEPARTMEN OF THE INTERIOR BOX: 1980  BUREAU OF LAND MANAGEMENOBBS, NEW MEXICO, 88240  | Form approved.  Budget Bureau No. 1004-0135  Expires August 31, 1985  5. LEISE DESIGNATION AND SERIAL NO.  NM-044216   |
|---|--|
| 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.) | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| OIL CAB OTHER   | 7. UNIT AGREEMENT NAME Bluitt San Andres Unit 8. FARM OR LEASE NAME  |
| MURPHY OPERATING CORPORATION  3. ADDRESS OF OPERATOR  P. O. Drawer 2648, Roswell, NM 88202-2648   | Bluitt San Andres Unit Sec<br>9. Wall No.<br>11  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface   | Bluitt San Andres Assoc.  11. BRC., T., R., M., OR BLK. AND SURVEY OF AREA   |
|   | Sec. 13, T8S, R37E  12. COUNTY OR PARISH 13. STATE  ROOSEVELT New Mexico   |
| TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OF ACIDIZA  REPAIR WELL  CHANGE PLANS  WATER SHUT-OFF  FRACTURE TREATMENT  SHOOTING OR ACIDIZING  (Other)  (NOTE: Report results or            | f multiple completion on Well abandonment*  f multiple completion on Well clou Report and Log form.)  actualing estimated date of starting any depths for all markers and zones perti- BTD 4721.52'. TIH w/AD-1  Drop 18 ball sealers. Maximum rate - 3.8 BPM, |

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| 16. I hereby certify that the foregoing is true and correct signed Melinda K. Hickman     |                                  | DATE 9-26-88                         |
|---|----------------------------------|--------------------------------------|
| (This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY: | TITLE                            | ACCEPTED FOR RECORD PETER W. CHESTER |
|   |                                  | OCT 1 9 1988                         |
| •   | See Instructions on Reverse Side | BUREAU OF LAND MANAGEMENT            |