

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL FIELD COMMISSION
P. O. BOX 1000
HOBBS, NEW MEXICO 88240
SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0509201

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

BLUITT SAN ANDRES UNIT

8. FARM OR LEASE NAME

BLUITT SAN ANDRES UNIT SEC. 18

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Bluitt San Andres Associated

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

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

12. COUNTY OR PARISH
Roosevelt

13. STATE
New Mexico

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 88202-2648

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, CR, etc.)
4000' CR, 4009' KB

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) well returned to production

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☒

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.)*

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



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

SIGNED

Melinda K. Hickman

TITLE

Production Clerk

DATE

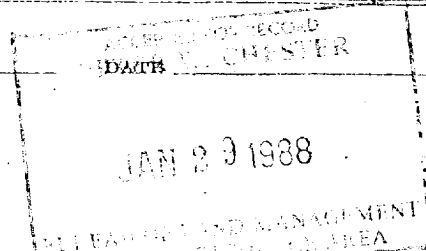
1/20/88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. SUBMIT IN TRIPLAS (Other Instructions)
ROOSEVELT, NEW MEXICO 88240

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0509201

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

BLUITT SAN ANDRES UNIT

8. FARM OR LEASE NAME

Bluitt S/A Unit Sec. 18

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Bluitt San Andres Associated

11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA

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

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. Box 2648, Roswell, New Mexico 88202-2648

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

660' FSL and 660' FWL, Sec. 18, T-8S, R-38E (Unit Ltr. M)

14. PERMIT NO.

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

4000' G.R.

4009' K.B.

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) shut-in well 7.4

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 pertinent to this work.)

We hereby request approval of temporarily abandonment of the subject well until the commencement of a pilot waterflood scheduled to begin later this year.

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

SIGNED Lois N. Brown

TITLE Production Clerk

DATE September 2, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED FOR 12 MONTH PERIOD
ENDING SEP 9 1988

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

SEP 9 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA