

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

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-044216B

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. 19

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Bluitt San Andres Assoc.

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

Sec. 19, T8S, R38E

12. COUNTY OR PARISH 13. STATE

Roosevelt

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

MURPHY OPERATING CORPORATION

3. ADDRESS OF OPERATOR

P. O. Drawer 2648, Roswell, NM 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. C, 1874' FWL & 554' FNL, Sec. 19, T8S, R38E

14. PERMIT NO.

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

3994.2' GR

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)

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.)*

RU PU. TOH w/4716.29' (151 jts.) 2-3/8" 4.7# J-55 tubing. New PBTD 4752.98'. TIH w/
AD-1 packer. Set at 4595'. Acidize w/2,000 gals. 15% NE-WS38 acid. Drop 18 ball sealers.
No ball action. Maximum rate - 3.5 BPM, average rate - 2.8 BPM. Pressure - 0. TOH w/
packer. TIH w/production string. Return well to production.

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

SIGNED

Melinda K. Hickman

TITLE Production Supervisor

DATE 9-26-88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER

OCT 19 1988

BUREAU OF LAND MANAGEMENT

*See Instructions on Reverse Side