

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other Instructions on
Reverse Side) COMMISSION

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-044216B

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR MURPHY OPERATING CORPORATION</p> <p>3. ADDRESS OF OPERATOR P. O. Box 2648, Roswell, New Mexico 88202-2648</p> <p>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, T-8S, R-38E</p>	<p>7. UNIT AGREEMENT NAME BLUITT SAN ANDRES UNIT</p> <p>8. FARM OR LEASE NAME BLUITT SAN ANDRES UNIT SEC. 19</p> <p>9. WELL NO. 3</p> <p>10. FIELD AND POOL, OR WILDCAT BLUITT SAN ANDRES ASSOCIATED</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-8S, R-38E</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3994.2' G.R.; 4002' K.B.</p>
	<p>12. COUNTY OR PARISH 13. STATE Roosevelt New Mexico</p>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>well returned to producing</u> <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 data, 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.

I hereby certify that the foregoing is true and correct

SIGNED Lois N. Brown TITLE Production Clerk DATE December 22, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE
JAN 4 1988
BUREAU OF LAND MANAGEMENT
MBCS WELL RESOURCE AREA

*See Instructions on Reverse Side