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5c. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
K-6285	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFEATH OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- Injection Well	7. Unit Agreement Name Todd Lower S/A Unit
2. Name of Operator MURPHY OPERATING CORPORATION	8. Farm or Lease Name Todd Lower S/A Unit Section 32
3. Address of Operator P. O. Drawer 2648, Roswell, NM 88202-2648	9. Well No. 7
4. Location of Well UNIT LETTER <u>G</u> <u>1780</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>7 South</u> RANGE <u>36 East</u> NMPM.	10. Field and Pool, or Wildcat Todd Lower S/A Assoc.
15. Elevation (Show whether DF, RT, GR, etc.) 4128' GR	12. County Roosevelt

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOBS ☐
OTHER <u>convert to injection well</u> ☒	OTHER ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any prop work) SEE RULE 1103.

Authorization granted by OCD Order No. WFX-571 dated May 26, 1988 to inject water into the subject well through ceramic-lined tubing set in a packer located within 100' of the uppermost perforation through the gross perforated interval from approximately 4200' to 4350' for the purpose of secondary recovery.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Melinda K. Hickman TITLE Production Supervisor DATE 6/8/88
Melinda K. Hickman

ORIGINAL SIGNED BY JERRY SEYTON

APPROVED BY DISTRICT SUPERVISOR TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: