

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-044216

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

7. NAME OF OPERATOR

MURPHY OPERATING CORPORATION

8. ADDRESS OF OPERATOR

P. O. Drawer 2648, Roswell, New Mexico 88201

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

587' FNL & 1849.3' FWL, Unit Ltr. C, Sec. 13, T-8S, R-37E

10. PERMIT NO.

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

4011' G.R.

12. UNIT AGREEMENT NAME

BLUITT SAN ANDRES UNIT

13. FARM OR LEASE NAME

BLUITT SAN ANDRES UNIT SEC. 13

14. WELL NO.

3

15. FIELD AND POOL, OR WILDCAT

Bluitt San Andres Associated

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

Sec. 13, T-8S, R-37E

17. COUNTY OR PARISH

Roosevelt

18. STATE

New Mexico

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) Well Shut In ☒

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.)

19. 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.)\*

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

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

SIGNED Lois N. Brown

TITLE Production Clerk

DATE August 6, 1986

Lois N. Brown

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: