

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NO. 1000-1000
SUBMIT IN TRIPlicate
(Other instructions on
reverse side)
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1604-0135
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.)

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

Unit Ltr. E, 1980' FNL, 660' FWL, Sec. 13, T-8S, R-37E

14. PERMIT NO.

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

4007' G.L.

7. UNIT AGREEMENT NAME

BLUITT SAN ANDRES UNIT

8. FARM OR LEASE NAME

BLUITT SAN ANDRES UNIT SEC. 13

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

BLUITT SAN ANDRES ASSOCIATED

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

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

12. COUNTY OR PARISH 13. STATE

Roosevelt

New Mexico

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) well returned to producing

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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.

18. 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 BY REGION
PETER W. CHESTER
DATE

JAN 4 1988

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL REGIONAL OFFICE