

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

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Bluitt San Andres Unit
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION		8. FARM OR LEASE NAME Bluitt San Andres Unit Sec. 12
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, NM 88202-2648		9. WELL NO. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Ltr. M, 660' FSL & 660' FWL, Sec. 12, T8S, R37E		10. FIELD AND POOL, OR WILDCAT Bluitt San Andres Assoc.
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T8S, R37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4019.8' GR		12. COUNTY OR PARISH Roosevelt
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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 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.)

RU PU. TOH w/4632.47' (150 jts.) 2-3/8" 4.7# J-55 tubing. New PBTD 4660.83'. TIH w/perforating gun. Perforate 1 JSPF @ 4612, 4616, 4619, 4622, 4625, 4628, 4631, 4635, 4638, 4641 (10 holes). TOH w/perforating gun. TIH w/UNI IV packer. Set at 4488.6'. Acidize w/2,000 gals. 15% NeFe. Drop 38 ball sealers. Well balled off. Flush w/20.7 bbls. fresh water. ISIP - well on vacuum. Maximum rate - 4 BPM, average rate - 2.7 BPM. Maximum pressure - 3,000 psi, average pressure - 1,010 psi. Release packer and TOH w/tubing and lay down packer. TIH w/production string.

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

SIGNED Melinda K. Hickman
Melinda K. Hickman

TITLE Production Supervisor

DATE 9-26-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

