

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240
SUBMIT IN TRIPLICATE
(For instructions on re-verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-041698A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Bluitt San Andres Unit

8. FARM OR LEASE NAME

Bluitt San Andres Unit Sec 14

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Bluitt San Andres Associated

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

Sec. 14, T-8S, R-37E

12. COUNTY OR PARISH

Roosevelt

13. STATE
New Mexico

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. I, 1980' FSL & 660' FEL, Sec. 14, T-8S, R-37E

14. PERMIT NO.

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

4016' G.L.

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) Request T.A. status extension ☒

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

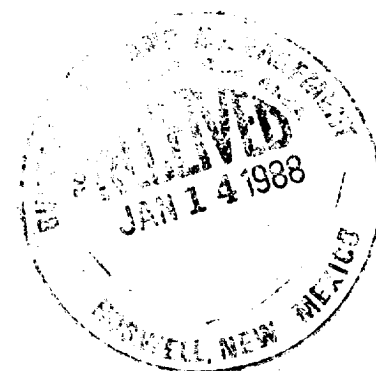
ALTERING CASING

ABANDONMENT*

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

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.)*

Murphy Operating Corporation requests a six month extension for the subject well to remain in temporarily abandoned status. Workover operations are currently being performed on the Bluitt San Andres Unit. The subject well will be worked over as part of this program. The downhole integrity of the casing will be tested when this well is worked over.



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

SIGNED Melinda K. Hickman

TITLE Production Clerk

DATE 1/13/88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 6 MONTH PERIOD
ENDING JUL 19 1988

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

JAN 19 1988

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED

JAN 20 1988
COJ
HOESS OFFICE