

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5c. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
E-8948

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REFINISH OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- <u>Injection Well</u>	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 Ut. Sec. 3
3. Address of Operator P. O. Box 2648, Roswell, New Mexico 88202-2648	9. Well No. 8
4. Location of Well UNIT LETTER <u>H</u> <u>1830</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>31</u> TOWNSHIP <u>7 South</u> RANGE <u>36 East</u> NMFM.	10. Field and Pool, or Wildcat Todd Lower S/A Assoc.
15. Elevation (Show whether DF, RT, GR, etc.) 4129.3' G.R.	12. County Roosevelt

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER <u>to convert to injection</u> ☒	CASING TEST AND CEMENT JOBS ☐	

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

Authorization granted by OCD Order No. WFX-567 dated November 4, 1987 to inject water into the subject well through plastic-lined tubing set in a packer located within 100' of the uppermost perforation through the gross perforated interval from approximately 4223' to 4344' 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 <u>Lois A. Brown</u> LOIS A. BROWN DISTRICT I SUPERVISOR	TITLE <u>Production Clerk</u>	DATE <u>Nov. 20, 1987</u>
APPROVED BY _____	TITLE _____	DATE <u>NOV 22 1987</u>

RECEIVED
NOV 23 1987
OCD
HOBBS OFFICE