

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
P. O. BOX 2648
ROSWELL, NEW MEXICO 88240

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	
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION		8. FARM OR LEASE NAME CONE FEDERAL	
3. ADDRESS OF OPERATOR P. O. Box 2648, Roswell, New Mexico 88202-2648		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL, 1980' FWL, Unit Ltr. C, Sec. 31, T-7S, R-32E		10. FIELD AND POOL, OR WILDCAT Tomahawk San Andres	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-7S, R-32E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4438' KB, 4428' 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:

SUBSEQUENT REPORT OF:

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

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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)*

On or about September 15, 1988 commence work as follows:

- TOH rods, pump and tubing.
- TIH w/packer and tubing. Set packer within 100' of uppermost perforation.
- Load annulus and pressure test to 500 psi and hold for 30 minutes.
- Perforate 1 JSPF: P-2 zone (4101'-4115') and P-3 zone (4235'-4242'). TIH w/packer and tubing and acidize w/3000 gals. 15% NeFe.
- Set retrievable bridge plug and perforate 1 JSPF P-1 zone (4056'-4084'). Acidize w/5000 gals. 15% NeFe.
- TOH w/retrievable bridge plug and packer. TIH w/tubing, pump and rods. Return to production.
- MOC will notify BLM office Roswell, New Mexico 48 hours prior to casing test so that BLM representative may witness said test.

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

SIGNED Melinda K. Hickman TITLE Production Supervisor

DATE 7/15/88

This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

