

P. O. BOX 1980
OBBS, NEW MEXICO 88240

Form 3160-5
November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-15019
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88201	7. UNIT AGREEMENT NAME
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	8. FARM OR LEASE NAME CONE FEDERAL
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4438' KB, 4428' GR	10. FIELD AND POOL, OR WILDCAT Tomahawk San Andres
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-7S, R-32E
	12. COUNTY OR PARISH Roosevelt
	13. STATE New Mexico

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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Request for TA Extension <input checked="" 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <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.)*

The Cone Federal Well #2 is a temporarily abandoned well. Plans for workover of this well are in the near future. We hereby request that temporarily abandoned status be continued for this well for one year, and that the casing test be delayed for one year.

I hereby certify that the foregoing is true and correct

SIGNED Lois N. Brown
Lois N. Brown

TITLE Production Clerk

DATE March 13, 1986

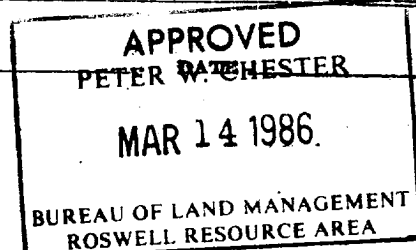
(This space for Federal or State office use)

PROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED FOR 12 MONTH PERIOD
ENDING 3/14/87

*See Instructions on Reverse Side



SECRET
NOFORN

RECEIVED
MAR 20 1986
04-2
HCBAS OFFICE