

UNITED STATES N. M. DEPT. OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO

Budget Bureau No. 1004-0133
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-15019

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cone Federal

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Tomahawk San Andres

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

Sec. 31, T7S, R32E

12. COUNTY OR PARISH 13. STATE

Roosevelt New Mexico

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 ☐ GAS WELL ☐ OTHER ☒ SWD
2. NAME OF OPERATOR
MURPHY OPERATING CORPORATION
3. ADDRESS OF OPERATOR
P. O. Drawer 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 Letter P, 660' FSL, 660' FEL, Sec. 31, T7S, R32E

14. PERMIT NO.

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

4469' GL, 4481' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
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PULL OR ALTER CASING

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☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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.)*

Propose to replace packer and tubing (if required). Set packer at approximately 4107', fill annulus with inert (packer) fluid and pressure test to 300 psig for 30 minutes. Pressure chart will be submitted with subsequent report.



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

SIGNED

Melinda K. Hickman
Melinda K. Hickman

TITLE Production Supervisor

DATE March 22, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO LIKE

APPROVAL BY STATE

DATE APPROVED

PETER W. CHESTER

MAR 23 1989

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
RESERVE AREA