

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

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 NONE	
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88201		7. UNIT AGREEMENT NAME Cone Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FSL and 1980 FEL, Sec. 31, T-7S, R-32E Unit Ltr. J		8. FARM OR LEASE NAME Cone Federal	
14. PERMIT NO.		9. WELL NO. 15	
15. ELEVATIONS (Show whether DP, RT, CR, etc.) 4462' G.L.		10. FIELD AND POOL, OR WILDCAT Tom-Tom San Andres	
12. COUNTY OR PARISH Roosevelt		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-7S, R-32E	
13. STATE New Mexico			

16. 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 COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Test P-1 Porosity Zone	

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.) *

3-26-85 Pull Rods and Tubing. Rig up logging unit. Log and perforate P-1 zone w/2 J.S.P.F. @ approx. 4100' - 4145'. TIH w/bridge plug, pkr. & 2-3/8" tbg. Set bridge plug @ approx. 4165' to isolate lower (P-2) perforations. Test bridge plug to 1800 psi. Spot 2 bbls. 20% HCl 4100' - 4145'. Overflush w/18 bbls. 2% KCl wtr. & break down perforations. Pull up hole & set pkr. @ approximately 3970'. Acidize w/6000 gals. 20% HCl, dropping balls evenly throughout acid job. Flow well back and swab to test. TIH w/rods and tbg. Hang well on. Return to production for test.



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

SIGNED Lois N. Brown TITLE Production Records DATE April 3, 1985
Lois N. Brown

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

APR 9 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

RECEIVED

APR 12 1985

C.I.O.
HUMAN RIGHTS OFFICE