

November 1983)
Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-15019

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. Drawer 2648, Roswell, NM 88202-2648	9. WELL NO. 18
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL, 660' FWL, Unit Ltr. E, Sec. 30, T7S, R32E	10. FIELD AND POOL, OR WILDCAT Tomahawk San Andres
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4394' GL, 4406' KB
	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:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

ALTERING CASING

FRACTURE TREATMENT

ABANDONMENT*

SHOOTING OR ACIDIZING

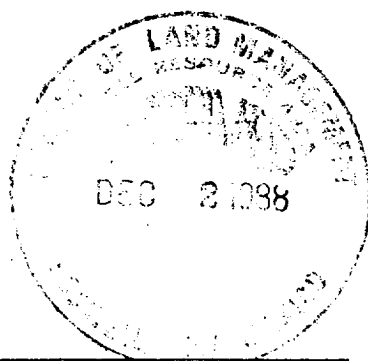
(Other) return well to production

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" 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 subject well has been returned to production. The status of this well has changed from shut-in to producing.



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

SIGNED

Melinda K. Hickman
Melinda K. Hickman

TITLE Production Supervisor

DATE December 1, 1988

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
WATER W. CHESTER

DEC 7 1988

BUREAU OF LAND MANAGEMENT

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department, agency, or the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instructions on Reverse Side