

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

R. M. OIL CONDU. COMMISSION
P. O. BOX 1930
SUBMIT IN TRIPlicate
HOBBS (New Mexico)
Verde Mts)

Form approved.
Budget Bureau No. 1004-0135
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.

22

10. FIELD AND POOL, OR WILDCAT

Chaveroo San Andres

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

Sec. 27, T-7S, R-32E

12. COUNTY OR PARISH 13. STATE

Roosevelt New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

MURPHY OPERATING CORPORATION

3. ADDRESS OF OPERATOR

P. O. Drawer 2648, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit 1tr. N, 330' FSL, 1980' FWL, Sec. 27, T-7S, R-32E

14. PERMIT NO.

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

4470' GL, 4482' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) request for TA extension

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 No. 22 is a temporarily abandoned well. Murphy Operating Corporation plans to plug and abandon this well in the very near future. We hereby request that the TA status of this well be continued for six months.

I hereby certify that the foregoing is true and correct

SIGNED Lois N. Brown

TITLE Production Clerk

DATE Feb. 17, 1986

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR 12 MONTH PERIOD
ENDING 2/26/87

*See Instructions on Reverse Side

