

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. COMMISSION
SUBMIT IN TRIPLICATE
Prayer DD Instructions on
Artesia, NM 88210

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	Todd Lower San Andres
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
MURPHY OPERATING CORPORATION	TLSAU 30
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter 0, 660 feet from the South line and 1980 feet from the East line, Section 30 Township 7 South Range 36 East NMPM.	9. WELL NO.
	15
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT
	Todd Lower San Andres
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
4144' G.L.	
	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

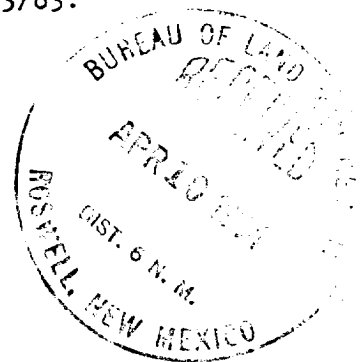
(Other) set surface string

(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.)*

T.D. 341' Ran 8 jts. 8-5/8" 23# J-55 ST&C Csg. Total csg.
Ran 340.95 set @ 340' 1 foot off Btm.

Cmt. as follows: 250 sks. Class C w/2% Ca-CL
Circulated 60 sks. to pit.
Plug Down: 7:15 pm (MST) 12/13/83.



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

SIGNED Matt B. Murphy TITLE Field Representative DATE Jan. 27, 1984
(This space for Federal or State office use)

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

*See Instructions on Reverse Side

RECEIVED

APR 12 1984

O.C.D.
HOBBS OFFICE