

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

Budget Bureau NO. 1004-U133
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0139989-A

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 ☐ GAS WELL ☐ OTHER ☐ INJECTION

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 Ltr. I, 1980' FSL & 660' FEL, Sec. 30, T-7S, R-36E

14. PERMIT NO.

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

4144' G.L.

7. UNIT AGREEMENT NAME

Todd Lower San Andres Unit

8. FARM OR LEASE NAME

Todd Lower S.A. Ut. Sec. 30

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Todd Lower San Andres Assoc.

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

Sec. 30, T-7S, R-36E

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) returned well to injection

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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 injection. The status of this well has changed from shut-in to injection.

I, hereby certify that the foregoing is true and correct

SIGNED

Lois N. Brown

TITLE Production Clerk

DATE November 6, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

COPY

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