

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
verse side)

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re

Budget Bureau No. 1004-0135  
Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO.

NM-0139989-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

TODD LOWER SAN ANDRES UNIT

8. FARM OR LEASE NAME

Todd Lower San Andres Unit  
Section 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

**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 well

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

1980' FSL and 660' FEL of Section 30

14. PERMIT NO.

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

4144' G.L.

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) shut-in well

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

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

SIGNED

*Lois N. Brown*  
Lois N. Brown

TITLE Production Clerk

DATE May 14, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

COPY