

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. COMMISSION
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 Todd Lower San Andres	
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION		8. FARM OR LEASE NAME TILSAU 30	
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88201		9. WELL NO. 9	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter <u>I</u> , 1980 feet from the South line and 660 feet from the East line, Section 30 Township 7 South, Range 36 East NMPM.		10. FIELD AND POOL, OR WILDCAT Todd Lower San Andres	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 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) <u>set surface string</u>		(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. 324' Ran 8 jts. 8-5/8" 23# J-55 ST&C Csg. as follows:

Guide Shoe	1.50
8 jts. 8-5/8" Csg. 23# J-55 ST&C	324.27
Landing Jt.	15.00
	340.77

Set csg. at 323' 1 foot off bottom
Cmt. as follows: 250 sks. Class C w/2% Ca-Cl. Displace cmt. w/19 bbls. fresh water. Left 40' cmt. in csg. Circulated 78 sacks to pit.
Plug Down: 1:30 A.M. (MST) 11/30/83.

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)

ACCEPTED FOR RECORD

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____

COPIATIONS OF APPROVAL, IF ANY: CHESTER

APR 25 1984

*See Instructions on Reverse Side

RECEIVED BY
APR 26 1984
O. C. D.
ARTESIA OFFICE

RECEIVED
APR 30 1984
O.C.D.
HOBBS OFFICE