

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
P. O. BOX 1004-0135
HOBBS, NEW MEXICO 88240

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0139989A	
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, NM 88202-2648		7. UNIT AGREEMENT NAME Todd Lower S/A Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1780' FSL & 1980' FWL, Section 30, T7S, R36E		8. FARM OR LEASE NAME Todd Lower S/A Ut. Sec. 30	
14. PERMIT NO.		9. WELL NO. 11	
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 4146' GR, 4158' KB		10. FIELD AND POOL, OR WILDCAT Todd Lower S/A Assoc.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T7S, R36E	
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) cementing and recompletion <input checked="" type="checkbox"/>	

(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.) *

- 6/10/88 to 6/23/88
- 1.. Squeeze existing perforations (4244.5'-4286.5') w/300 sacks Class C cement. SI 48 hours. Drilled out cement retainer and cement.
 2. Perforate 1 JSPF @ 4254', 4255', and 4258.5' and acidize with 500 gals. 15% NeFe.
 3. Squeeze perforations (4254'-4258.5') with 500 sacks Class C cement. SI 48 hours. Drilled out cement retainer and cement.
 4. Perforate 1 JSPF @ 4269' and 4270' and acidize with 500 gals. 15% NeFe.
 5. TIH w/2-7/8" tubing @ 4291'. TIH w/rods and return to pump.

I hereby certify that the foregoing is true and correct

SIGNED Melinda K. Hickman
Melinda K. Hickman

TITLE Production Supervisor

DATE June 28, 1988

This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

JUL 5 1988

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side