Submit 3 Copies to Appropriate District Office

1. Type of Well:

XX 2. Name of Operator

PERFORM REMEDIAL WORK TEMPORARILY ABANDON

PULL OR ALTER CASING

11.

OTHER:

State of New Mickieu Energy, Mirerals and Natural Resources Department

Form C-103 Pavled 1.1.29

DIS	TRIC	II			
P.O.	Box	1980,	Hobbs	MM.	8824

o Appropriate District Office	Linergy, Will was and your and	· ·		Refised 1-1-05
DISTRICT I CO. Box 1980, Hobbs, NM 88240	OIL CONSERVATION P.O. Box 2088	•	WELL API NO. 30-0	25-10433
OISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease ST	TATE XX FEE
DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	Ög		6. State Oil & Gas Lease N	No. NM-1083
SUNDRY NOT	ICES AND REPORTS ON WELL	S		
DIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPEN OR OPEN OR OPEN CREATION FOR PER	MIT" .	7. Lease Name or Unit Ag	reement Name
	-101) FOR SUCH PROPOSALS.)		Haley Chaveroc	San Andres Uni
OIL GAS WELL XX	OTHER	1	Sec. 3	
Name of Operator Murphy Operating	Corporation		8. Weil No.	
Address of Operator	8, Roswell, New Mexico 8	38202-2648	9. Pool name or Wildcat Chaveroo San A	Andres
Well Location	O Feet From The North			East Line
Section 3	Township 8 South Ran		NMPM Chaves	County
	10. Elevation (Show whether I			
11. Check	Appropriate Box to Indicate N	Nature of Notice, R	leport, or Other Data	ì
NOTICE OF IN			BSEQUENT REPO	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTE	RING CASING
THE PROPERTY ADAMPON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG	AND ABANDONMENT

CASING TEST AND CEMENT JOB

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose to clean out well if necessary and to perforate additional San Andres P-2

Will acidize well with approximately 3500 gals of 15% NeFe and return to production.

OTHER:

I hereby certify that the information above to true and complete to the best of my	knowledge and belief.	
for Irtion	Production Supervisor	DATE 8/21/90
SIGNATURE LOTI Brown	•	TELEPHONE NO.
TYPE OR PRINT NAME		TEET FORCES
(This space for State Use)	en e	
	TITLE	DATE
APPROVED BY	• •	
CONDITIONS OF APPROVAL IF ANY:	• •	