

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0347394

6. IS INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilson Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Tomahawk San Andres

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

Sec. 6, T8S, R32E

12. COUNTY OR PARISH 13. STATE

Chaves

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

MURPHY OPERATING CORPORATION

3. ADDRESS OF OPERATOR

P. O. Drawer 2648, Roswell, New Mexico 88202-2648

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

Unit Letter D, 660' FNL, 660' FWL, Section 6, T8S, R32E

14. PERMIT NO.

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

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐  
☐  
☐

PULL OR ALTER CASING

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☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Vent gas

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

☐  
☐  
☐  
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(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.)\*

The majority of the gas produced on this lease is used on the lease and the remainder is vented and is not commercially marketable. The amount produced is approximately 124 MCF per month. The closest gathering system is 1/4 mile north at Moroilco Gallina Federal.

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

SIGNED

Melinda K. Hickman  
Melinda K. Hickman

TITLE Production Supervisor

DATE February 13, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
PETER W. CHESTER

MAR 7 1989

BUREAU OF LAND MANAGEMENT  
ROSSELL RESOURCE AREA

\*See Instructions on Reverse Side