

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5c. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
K-527

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFEIN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

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
UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM
THE West LINE, SECTION 1 TOWNSHIP 8 South RANGE 33 East NMFM.

7. Unit Agreement Name
8. Form of Lease Name
State C
9. Well No.
4
10. Field and Pool, or Wildcat
Chaveroo San Andres
12. County
Chaves

15. Elevation (Show whether DF, RT, GR, etc.)
4339.6' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER return well to production <input type="checkbox"/>	

17. 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.

The subject well has been returned to production. The status of this well has changed from shut-in to producing.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Melinda K. Hickman
Melinda K. Hickman

TITLE Production Supervisor

DATE November 2, 1988

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: