Little C Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-005-10467 Santa Fe, New Mexico 87504-2088 **DISTRICT II** 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 NM-1083 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Haley Chaveroo San Andres Unit 1. Type of Well: GAS WELL WELL OTHER 2. Name of Operator 8 Murphy Operating Corporation 9. Pool name or Wildcat 3. Address of Operator Chaveroo San Andres P. O. Drawer 2648, Roswell, New Mexico 88202-2648 4. Well Location 660 \_\_\_ Feet From The \_\_East 1980 Feet From The North Line and \_\_\_ Line Unit Letter \_ 8 South Range 33 East Chaves **NMPM** County Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT **CHANGE PLANS** COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** Convert to injection well OTHER: 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. Authorization granted by OCD Order No. R-8760 dated October 5, 1988 to inject water into the subject well through ceramic-lined tubing set in a packer located within 100' of the uppermost perforation for the purpose of secondary recovery. Propose to set packer at approximately 4150' and fill annulus with inert packer fuild and test tubing-casing annulus to 300 psig for 30 minutes. Test chart will be furnished with final report.

Production Supervisor

5/1/90

TELEPHONE NO.

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

Orig. Signed by

Paul Kautz Geologist

Lori Brown

TYPE OR PRINT NAME

APPROVED BY-

(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY: