DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

OIL CU SERVATION DIVISION P.O. Box 2083

Santa	Fe,	New Mexico	87504-2088

WELL API NO. 30-005-200,26
5. Indicate Type of Lease

. Indicate Type of Lea	STATE X	FEE	
 			

P.O. Drawer DD, Artesia, NM 88210	STATE X FEE		
DISTRICT III	6. State Oil & Gas Lease No.		
1000 Rio Brazos Rd., Aziec, 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name		
1. Type of Well:	Haley Chaveroo San Andres		
OIL OAS OTHER	Unit Sec. 3		
2. Name of Operator	8. Well No.		
Murphy Operating Corporation	9. Pool name or Wildcat		
3. Address of Operator P. O. Drawer 2648, Roswell, New Mexico 88202-2648	Chaveroo San Andres		
4 Well I continu	200 Fact		
Unit Letter 0 : 990 Feet From The South Line and 19	980 Feet From The East Line		
	NMPM Chaves County		
Section 10WhStp 10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
	VIIIIIIIII		
11. Check Appropriate Box to Indicate Nature of Notice, R	eport, or Other Data		
NOTICE OF INTENTION TO:	SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING .		
COMPENSE DELLIN	G OPNS. PLUG AND ABANDONMENT		
TEMPORARIET ADRIGOTI	EMENT OR X		
PULL ON ACTER CASING .			
OTHER:			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incl	uding estimated date of starting any proposed		
work) SEE RULE 1103.			
10-03-90 TOH with pump, rods and tubing. TIH with csg s thru 4451' PBTB. TIH and perforate 1JSPF @ 4283.5, 4 10-05-90 and 4404'. TIH with tubing and AD-1 packer and 4000 gal 15% Ne Pentol with 30 ball sealer sand off and good block action. ISIP Vacum.	set @ 4132'. Acidize with 500# benzoic flake. Well balled		
Avg. rate 5 BPM Avg. pressure 1300 psi Max rate 5.3 BPM Max pressure 3000 psig	9.		
Max rate 5.3 BPM Max pressure 3000 psigns of the max pressure	and pump. Return to production		
	•		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. THE Production	Supervisor NATE 3-1-91		
SIGNATURE	Supervisor DATE 3-1-91		
Lori Brown	TELEPHONE NO.		
TYPE OR PRINT NAM2			
(This space for State Use) Orig. Signed by Paul Kautz Geologist	MAR 0 7 1991		
APPROVED BY TITLE			