

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. SURFACE COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-16637-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" 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 (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

660' FNL, 1980' FWL, Sec. 9, T-8S, R-31E

14. PERMIT NO.

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

4240.3' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Strange Federal

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

Tom Tom San Andres

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

Sec. 9, T-8S, R-31E

12. COUNTY OR PARISH 13. STATE

Chaves

New Mexico

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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☐  
☐  
☐  
☐

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Return well to producing status

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

☐  
☐  
☐  
☐  
☐

(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.) \*

Effective July 1989, this well has been returned to production.

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

SIGNED

Donna Bauer

TITLE Production Supervisor

DATE August 18, 1989

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE

AUG 29 1989

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side

AUG 2 1964

REC-11