

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL & GAS CONSERVATION  
P.O. BOX 980  
HOBBS, NEW MEXICO 88240

Blm Roswell District  
Modified Form No.  
NM060-3160-4

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-13419	
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Drawer 2648, Roswell, New Mexico 88202-2648		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit H, 1980' FNL, 660' FEL, Sec. 4-T8S-R31E		8. FARM OR LEASE NAME Paye Federal	
14. PERMIT NO.		9. WELL NO. 8	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4284' GR		10. FIELD AND POOL, OR WILDCAT Tom Tom San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4 T-8S R-31E	
		12. COUNTY OR PARISH Chaves	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Temporarily Abandonment</u> <input checked="" type="checkbox"/>	

(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.)

2-5-90 TOH and lay down rods, pump and tubing. TIH and set cast iron to bridge plug at 3830' K.B. (top perforation @ 3849' K.B.).  
2-9-90 TIH and dump 35' cement on top of (CIBP). Load casing with packer fluid and test casing to 500 psi for 30 minutes.  
Well to be temporarily abandoned pending initiation of enhanced oil recovery program.

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

SIGNED Pete Brown TITLE Production Supervisor

DATE 1/3/89 90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED FOR 12 MONTH PERIOD  
ENDING JAN 9 1991

\*See Instructions on Reverse Side

APPROVED  
DATE PETER W. CHESTER  
JAN 9 1990  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA