

CONTACT RECEIVING
OFFICE FOR N. M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
PERIOD BOX 1980
HORRIS, NEW MEXICO 88240

BLM Roswell District
Modified Form No.
NM60-3160-4

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"/>		3a. Area Code & Phone No. (505) 623-7210	
2. NAME OF OPERATOR Murphy Operating Corporation		8. FARM OR LEASE NAME Paye Federal	
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88202-2648		9. WELL NO. 9	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit I, 1980' FSL, 660' FEL, Sec. 4 T8S- R31E		10. FIELD AND POOL, OR WILDCAT Tom Tom San Andres	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4285' GR	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4 T8S-R31E		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Temporarily Abandonment		<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 3840' K.B. (top perforation @ 3859' 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 1/3/90

(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
ROSSELL RESOURCE