

## 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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL WELL OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION		8. FARM OR LEASE NAME Ingram Federal	
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88201		9. WELL NO. 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FWL, Sec. 5, T-8S, R-31E Unit E		10. FIELD AND POOL, OR WILDCAT Tom-Tom San Andres	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-8S, R-31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4240' KB, 4230' GR		12. COUNTY OR PARISH Chaves	
		13. STATE New Mexico	

18. 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ABANDON*	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(Other)		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) <u>remedial work</u>	
		REPAIRING WELL ALTERING CASING ABANDONMENT*	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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.) \*

1-7-85 RU PU. TIH & unseat pump. TOH w/same. TIH w/2 tag jts. & tbg. set 45' off btm.. Added 1 jt. tbg. to string. TOH. TIH w/seating nipple & set @ 3795' & w/119 jts. tbg. TOH. TIH w/149 3/4" rods, 2 X 1 1/2" X 12' RWB pump, 2' 3/4" sub on pump, two 6' 3/4" rod sub, one 2' 3/4" rod sub, 16' polish rod w/6' 1 1/2" liner. TOH & RD. Well pumping w/good action.



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

SIGNED Lois N. Brown  
Lois N. Brown

**TITLE** Production Records

DATE Feb. 19, 1985

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

DATE \_\_\_\_\_

MAR 1 1985

**\*See Instructions on Reverse Side**

RECEIVED

MAR - 6 1985

O.C.D.  
HOUSE OFFICE