

UNITED STATES N. M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

CONTACT RECEIVING
OFFICE FOR INSTRUCTIONS ON RE-
VISIONS REQUIRED

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

5. LEASE DESIGNATION AND SERIAL NO.
NM-15015-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Oakason Federal A

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. 33, T7S, R31E

12. COUNTY OR PARISH 13. STATE

Chaves

New Mexico

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

3a. Area Code & Phone No.
(505) 623-7210

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

Sec. 33, T7S, R31E

660' FSL, 1980' FWL, Unit Ltr. N

14. PERMIT NO.

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

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Vent Gas ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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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.)

Murphy Operating request approval to vent gas on the Oakason A .
Gas Production on this lease is little or none and is not of
commercial value.



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

SIGNED

TITLE

Production Supervisor

DATE

3/27/90

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

APPROVED

PETER W. CHESTER

MAR 30 1990

BUREAU OF LAND MANAGEMENT
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

APR 8 1990

OCD
HOBBS OFFICE