

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

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-15015-A

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

Unit Ltr. M, 660' FSL, 660' FWL, Sec. 33, T-7S, R-31E

14. PERMIT NO.

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

4278.4 GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Oakason "A" Federal

9. WELL NO.

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10. FIELD AND POOL, OR WILDCAT

Tom-Tom San Andres

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

Sec. 33, T-7S, R-31E

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Request for TA status.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

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.)*

Well is being temporarily abandoned due to non-economic status. Well currently has rods & tubing in place, but these will be pulled and stored during the course of periodic pump changes and other well maintenance being performed in the area. The well is secured at the surface with the wellhead shut in.

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

SIGNED

Donna Bauer

TITLE

Production Supervisor

DATE

7-10-1989

Donna Bauer

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING AUG 17 1990

*See Instructions on Reverse Side

APPROVED
DATE PETER W. CHESTER

AUG 17 1989

BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

RECEIVED

AUG 18 1969

OCD
HOBBS OFFICE

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