

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Murphy Operating Corporation	8. FARM OR LEASE NAME Oakason Federal
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88201	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL, 660' FWL, Sec. 33, T-7S, R-31E Unit M.	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. 33, T-7S, R-31E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4278.4 GL	12. COUNTY OR PARISH Chaves
	13. STATE New Mexico

16. 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"/>
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 PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

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) remedial work	<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.)*

1-4-85 RU PU. TIH & Unseat pump. Pump stuck. TOH & pumped 30 bbls. hot water down backside. TIH & TOH w/pump. TIH w/tag jt. & tagged btm. Tbg. set 8' off btm. TOH w/tag jt. TIH w/156 3/4" rods, 2" 1 1/2" X 12' RWB pump, one - 2' 3/4" rod sub @ top of pump, one 8' 3/4" sub, 16' polish rod w/6' 1 1/2" liner. TOH & RD. Well pumping w/good action.



I hereby certify that the foregoing is true and correct

SIGNED Lois N. Brown TITLE Production Records DATE Feb. 21, 1985
Lois N. Brown

(This space for Federal or State office use.)

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

TITLE _____ DATE _____

MAR 1 1985

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT

RECEIVED

MAR -6 1985

O.C.B.
HOBBS OFFICE