

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240  
P.O. BOX 1980

SUBMIT IN TRIPPLICATE

Form approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL NO.

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"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88202-2648	8. FARM OR LEASE NAME Oakason "A" Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Ltr. K, 1980' FSL, 1980' FWL, Section 33	9. WELL NO. 4
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Tom-Tom San Andres
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4281' GL	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

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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) Request TA status. <input checked="" 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 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.)\*

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

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED FOR 12 MONTH PERIOD  
ENDING AUG 17 1990  
\*See Instructions on Reverse Side

DATE APPROVED  
PETER W. CHESTER  
AUG 17 1989