

N. M. OIL CONS. COMMISSION  
P. O. BOX 1960  
HOBBS, NEW MEXICO 88240

Form 3160-5  
November 1983)  
Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.  
NM-15678

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ingram Federal

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Tom-Tom San Andres

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

Sec. 5, T-8S, R-31E

12. COUNTY OR PARISH

Chaves

13. STATE

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 reentry

2. NAME OF OPERATOR  
MURPHY OPERATING CORPORATION

3. ADDRESS OF OPERATOR  
P. O. Drawer 2648, Roswell, New Mexico 88201

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, Unit Ltr. M

14. PERMIT NO.

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

4220' G.L.

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) renew APD dated 7-17-85

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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 data, 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 perti-  
nent to this work.)\*

Please renew the APD dated 7-17-85 for reentry of the Ingram Federal Well #8.

I hereby certify that the foregoing is true and correct

SIGNED

Lois N. Brown

TITLE Production Clerk

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY: APPROVED FOR - MONTH PERIOD

ENDING

7/30/87

DATE May 20, 1986

APPROVED

PETER W. CHESTER

DATE JUN 13 1986

BUREAU OF LAND MANAGEMENT  
RESOURCE AREA

