

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

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-15678

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, NM 88202-2648	8. FARM OR LEASE NAME Ingram Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 554' FNL, 554' FEL, Sec. 5, T8S, R 31E, Unit Letter A	9. WELL NO. 1Y
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Tom Tom San Andres
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4263' GL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T8S, R31E
	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:

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 PLANS <input type="checkbox"/>
(Other) <input 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 checked="" type="checkbox"/> Temporarily 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.) \*

7-19-1989 Rig up wireline truck and TIH to 3880' K.B. with gauge ring. TOH. TIH with cast iron bridge plug (CIBP) and set at 3850' K.B. top perforation at 3858' K.B.. TOH. TIH with bailer and dump 35' of cement on top of CIBP.

7-24-1989 Load casing with packer fluid and test casing at 540 psig for 37 minutes (see attached chart). Well temporarily abandoned pending initiation of enhanced oil recovery program.

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

SIGNED Donna Bauer TITLE Production Clerk DATE Aug. 3, 1989  
Donna Bauer  
(This space for Federal or State office use)

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

TITLE \_\_\_\_\_  
APPROVED FOR 12 MONTH PERIOD  
ENDING AUG 18 1990

\*See Instructions on Reverse Side

APPROVED  
DEPT W. CHESLER

AUG 18 1989

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA