

N. M. DEPT. OF LAND MANAGEMENT
COMMISSIONING
OFFICE FOR MURPHY
OF COPIES REQUIRED
HOPKINS NEW MEXICO 88240 on re-
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

BLM Roswell District
Modified Form No.
NM60-3160-4

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"/>		3a. Area Code & Phone No. 505 623 7210	
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 88202-2648		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit L, 1980' FSL, 660' FWL, Sec. 33, T7S, R31E		10. FIELD AND POOL, OR WILDCAT Tom Tom San Andres	
14. PERMIT NO. 30-005-26647		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T7S, R31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4279' GL		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

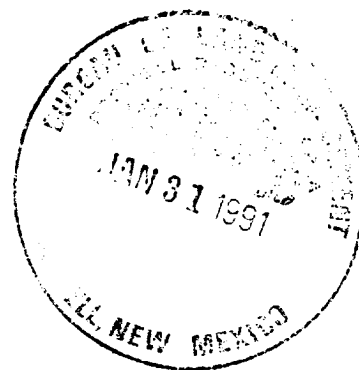
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Request for producing status <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.)*

The subject well status has been temporarily abandon. This well is now a producing well. Murphy Operating request the approval of status change.

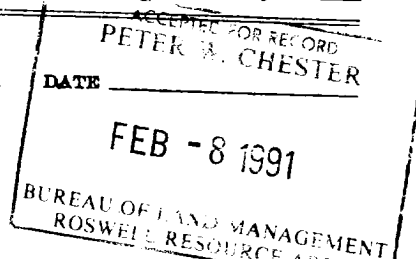


18. I hereby certify that the foregoing is true and correct

SIGNED Lori Brown TITLE Production Supervisor
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE January 30, 1991



*See Instructions on Reverse Side