

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL & GAS COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

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

NM-15015-A

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 Federal
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, T-7S, R-31E	9. WELL NO. 5
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4279' GL
	10. FIELD AND POOL, OR WILDCAT Tom-Tom San Andres
	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

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

NOTICE OF INTENTION TO:

TEST WATER SECT-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) Request for 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 \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:  
APPROVED FOR 12 MONTH PERIOD  
ENDING AUG 17 1990  
\*See Instructions on Reverse Side

DATE <u>APPROVED</u> PETER W. CHESTER AUG 17 1989 BUREAU OF LAND MANAGEMENT NEW MEXICO WELL RESOURCE AREA
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