

U. S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
UNITED STATES
P. O. BOX 1280
HOBBS, NEW MEXICO 88240
PERMIT IN TRIPLICATE
(Use reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-15015-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

OAKASON "B" FEDERAL

9. WELL NO.

2

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

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

MURPHY OPERATING CORPORATION

3. ADDRESS OF OPERATOR

P. O. Box 2648, Roswell, New Mexico 88202-2648

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit Ltr. E, 2080' FNL and 660' FWL, Sec. 33, T-7S, R-31E

14. PERMIT NO.

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

4284' G.L., 4296' K.B.

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) ☐

PCLL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) returned well to production ☒

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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 has been returned to pumping with the installation of a new pump.
The status of this well has changed from Shut-in to Producing.



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

SIGNED Lois N. Brown

TITLE Production Clerk

DATE July 9, 1987

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

JUL 21 1987

BUREAU OF LAND MANAGEMENT
RESOURCE AREA

*See Instructions on Reverse Side

RECEIVED
JUL 23 1967
OCC
HOBBS OFFICE