

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

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

LEASE DESIGNATION AND SERIAL NO.

240 NM-15015-B

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 88201		8. FARM OR LEASE NAME Oakason "B" Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL, 660' FWL, Sec. 33, T-7S, R-31E Unit D		9. WELL NO. 4	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Tom-Tom San Andres	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4288' GL		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 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 PLANE <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) remedial work <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.)*

1-7-85 RU PU. TIH & Unseat pump. TOH w/same. TIH w/153 3/4" rods, 2' 1 1/2" X 12' RWB pump, 2' X 3/4" rod sub, three 4' 3/4" sub, one 8' 3/4" sub, 16' polish rod w/6' 1 1/2" liner. TOH & RD. Well pumping w/good action.

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

SIGNED Lois N. Brown

TITLE Production Records

DATE Feb. 19, 1985

(This space for Federal use only)
ACCEPTED FOR RECORD
PETER W. CHESTER

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAR 1 1985

BUREAU OF LAND MANAGEMENT
ROSWell RESOURCE AREA

*See Instructions on Reverse Side

RECEIVED

MAR - 6 1985

O.C.D.
HOUSE OFFICE