

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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

3. LEASE DESIGNATION AND SERIAL NO.

NM-15678

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
MURPHY OPERATING CORPORATION

8. FARM OR LEASE NAME
Ingram Federal

3. ADDRESS OF OPERATOR
P. O. Drawer 2648, Roswell, New Mexico 88201

9. WELL NO.

10

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

10. FIELD AND POOL, OR WILDCAT
Tom-Tom San Andres

Unit C, 330' FNL, 1650' FWL Sec. 5, T-8S, R-31E

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 5, T-8S, R-31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, CR, etc.)

4235' GL, 4247' KB

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

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
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FRACTURE TREATMENT

REPAIRING WELL

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☐
☐
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SHOOTING OR ACIDIZING

ALTERING CASING

(Other) Change of Operator

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.)*

Notice of change of operator to Murphy Operating Corporation from Sundance Oil Exploration Company, effective December 1, 1984.



I hereby certify that the foregoing is true and correct

SIGNED Lois N. Brown
Lois N. Brown

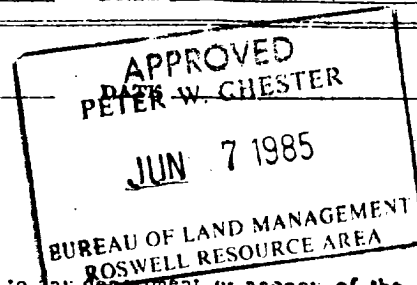
TITLE Production Records

DATE February 8, 1985

This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side

RECEIVED

JUN 12 1985

O.C.D.
HOBBS OFFICE