

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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

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"/>	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, NM 88202-2648	9. WELL NO. 12
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL, 990' FEL, Unit Letter A	10. FIELD AND POOL, OR WILDCAT TOM TOM SAN ANDRES
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4264' G.L., 4276' K.B.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T8S, R31E	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 PLANS <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) <input checked="" type="checkbox"/> Temporarily 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.)*

7-21-1989 Rig up pulling unit and TOH and lay down rods and pump. TOH with tubing pick up gauge ring. TIH to 3800. TOH. Pick up cast iron bridge plug (CIBP) TIH and set at 3778' top perforation at 3788' K.B. TOH and lay down tubing. TIH and dump 35' of cement on top of CIBP. Load casing with packer fluid and test to 500 psig for 30 minutes (see attached chart). Well temporarily abandoned pending initiation of enhanced oil recovery program.

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

SIGNED Donna Bauer TITLE Production Clerk DATE Aug. 3, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR ¹² MONTH PERIOD
ENDING AUG 18 1990
*See Instructions on Reverse Side

APPROVED DATE <u>PETER W. CHESTER</u> AUG 18 1989 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA
