

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

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

88240M-15678

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. 14	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1655' FNL, 1655' FWL, Sec.5, T8S,R31E, Unit Letter F		10. FIELD AND POOL, OR WILDCAT Tom Tom San Andres	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T8S, R31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4343' GL, 4353' 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	<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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	Temporarily Abandonment	<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.)*

7-20-1989 Rig up pulling unit. Pick up (2) 3 1/8" drill collars, bit and casing to scraper and TIH to 3850' KB. TOH and lay down tubing, drill collars
7-21-1989 bit and casing scraper. Rig up wireline truck and TIH with gauge ring. TOH. TIH with cast iron bridge plug (CIBP) and set at 3750 K.B. top perforation at 3757' K.B. TOH. TIH with bailer and dump 35' of cement on top of CIBP.
7-24-1989 Load casing with packer fluid and test to 640 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 _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE 12
APPROVED FOR 12 MONTH PERIOD
ENDING AUG 18 1990

*See Instructions on Reverse Side

DATE APPROVED
PETER W. CHESTER

AUG 18 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESERVATION AREA