

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 Post Office Drawer 2648, Roswell, New Mexico 88201 | 9. WELL NO. 15 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit K, 2304' FSL, 1655' FWL, Sec. 5, T-8S, R-31E | 10. FIELD AND POOL, OR WILDCAT Tom-Tom San Andres |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4232' GL, 4243' KB |
| | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-8S, 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 COMPLETION | <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"/> | | <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"/> |
| SECURING OR ACIDIZING | <input checked="" type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) <u>changed pump</u> | <input type="checkbox"/> | | <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.)*

4-15-85 RU Halliburton on WH & pumped 500 gals. of 20% acid & 110 gals. of Zilean. Pressured up on tbg. to 500#. Stopped on dn. stroke & started pumping Zilean acid dn. 4-1/2" csg. side, Chemex Chem., then flushed w/40 bbls. of 2% KCl water @ 225# press. SD RD & well on vac.

4-26-85 RU PU. TIH & unseat pump & TOH w/rods. RU tbg. elev. & RD WH. TOH w/tbg. & SLM @ 3861.44'. TIH w/Pkr. Baker Model R as follows (leaving 4 stands out):

Model R 6.08'
113 jts. 2-3/8" tbg. 3606.63'
pkr. set @ 3612.71'

RU Dowell & completed acid job as follows: 1500 Gals. DAD 20% NEFE Acid; 250# Blk. mixed w/250 gals. 2% KCl gelled water; 1500 Gals. DAD 20% NEFE Acid; 250# Blk. mixed w/250 gals. 2% KCl gelled wtr; 2000 gals. DAD 20% NEFE acid. Flushed w/250 gals. 2% KCl water, avg. pumping rate of 5.6 BPM, avg. press. rate of 1000# psi, final press. rate of 1900# psi, max. press. rate of 2600# psi, max. rate of 8.2 BPM.

NOTE: Had good block action. Total fluid to recover 148 bbls. ISIP - well on vacuum. RD Dowell, unseat packer & TOH w/same. TIH w/prod. string as follows:

19' X 2-3/8" tbg. sub = mud anchor & perfs.

121 jts. 2-3/8" tbg. @ 3847.44'

Tbg. set @ 3861.44'

new 2" X 1-1/2" X 18' pump & w/rods (same as pulled).

TOH & RD PU. Well pumping.

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

SIGNED Lois N. Brown

TITLE Production Records

DATE May 17, 1985

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER

TITLE _____

DATE _____

MAY 28 1985

*See instructions on Reverse Side
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA