

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-15678

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

INGRAM FEDERAL

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

TOM TOM SAN ANDRES

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

1. OIL ☒ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

MURPHY OPERATING CORPORATION

3. ADDRESS OF OPERATOR

P. O. Drawer 2648, Roswell, New Mexico 88201

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

Unit Ltr. N
660' FSL, 1980' FWL, Sec. 5, T-8S, R-31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4226' G.L., 4238' K.B.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) shut-in well

REPAIRING WELL

ALTERING CASING

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.)*

The subject well has been shut-in. The status of this well has changed from producing to shut-in.

I hereby certify that the foregoing is true and correct

SIGNED

Lois N. Brown
Lois N. Brown

TITLE Production Clerk

DATE Dec. 9, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

COPY

*See Instructions on Reverse Side

RECEIVED
DEC 10 1986
250
HONORS OFFICE

COPY