

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

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"/> CAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-15678
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88201		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL, 775' FWL, Unit Ltr. M		8. FARM OR LEASE NAME Ingram Federal
14. PERMIT NO.		9. WELL NO. #19
15. ELEVATIONS (Show whether DF, RT, CR, etc.)		10. FIELD AND POOL, OR WILDCAT Tom-Tom San Andres
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SWSW Sec. 9, 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"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) Water Disposal - NTL-2B <input checked="" type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>
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SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>
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(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.)*

Water disposed by running pipeline to Ingram Federal #2 Salt Water Disposal Well located in Section 5, T-8S, R-31E, Unit Ltr. I.

I hereby certify that the foregoing is true and correct

SIGNED

Mark B. Murphy

TITLE President

DATE Sept. 27, 1985

(This space for Federal Approval)

APPROVED BY

PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 8 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

See Instructions on Reverse Side

RECEIVED
OCT -9 1985
O.C.E.
HOBBS OFFICE