

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2089

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5c. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.

B-9171-4

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name North Caprock Queen Unit
2. Name of Operator MURPHY OPERATING CORPORATION		8. Farm or Lease Name North Caprock Queen Unit Tract #22 #1
3. Address of Operator P. O. Drawer 2648, Roswell, NM 88202-2648		9. Well No. 11
4. Location of Well UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 13 South RANGE 32 East NMPM.		10. Field and Pool, or Wildcat Caprock Queen (11)
15. Elevation (Show whether DF, RT, CR, etc.) 4395'		12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER shut in well <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

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

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TA expires 6-1-89

SIGNED Melinda K. Hickman	TITLE Production Supervisor	DATE 5/13/88
ORIGINAL SIGNED BY JERRY SEXTON	DISTRICT I SUPERVISOR	
APPROVED BY	TITLE	DATE MAY 17 1988

RECEIVED  
MAY 16 1988  
OCD  
HOEBS OFFICE