

(July 1969)  
(Formerly 9-331)

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

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"/>	3a. Area Code & Phone No. 505-623-7210	5. LEASE DESIGNATION AND SERIAL NO. NM-15019
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 88202-2648		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		8. FARM OR LEASE NAME Cone Federal
		9. WELL NO. 21
		10. FIELD AND POOL, OR WILDCAT Tomahawk San Andres
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T7S, R32E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4403' GL, 4415' KB	12. COUNTY OR PARISH Roosevelt
		13. STATE NM

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) Request for TA

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANE

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.) \*

We hereby request approval of the Cone Federal # 21 well be temporarily abandoned.



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

SIGNED

Lori Brown

TITLE Production Supervisor

DATE 4/27/90

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD  
ENDING MAY 23 1991

\*See Instructions on Reverse Side

APPROVED  
PETER W. CHESTER  
DATE

MAY 23 1990

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA