

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL (Oil Properties Report)  
Box 1980  
HOBBS, NEW MEXICO 88240

Office for Number  
Modified Form No.  
NM60-3160-4

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—" 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 Cone Federal	
3. ADDRESS OF OPERATOR P. O. Drawer 2648, Roswell, New Mexico 88202-2648		9. WELL NO. 28	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL, 610' FWL, Unit Ltr.E, Sec. 19, T7S, R32E		10. FIELD AND POOL, OR WILDCAT Tomahawk San Andres	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4392' GL, 4404' KB	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T7S, R32E		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Request for TA extension <input checked="" type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Reconpletion 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.) \*

Cone Federal well # 28 is a temporarily abandoned well. We hereby request the the TA status be extended.



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

SIGNED <u>Lori Brown</u>	TITLE <u>Production Supervisor</u>	DATE <u>4/27/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		
APPROVED FOR 12 MONTH PERIOD ENDING MAY 23 1991		
*See Instructions on Reverse Side		
BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA		