

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
P. O. BOX 1150
DOUGLAS, NEW MEXICO 86401

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"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 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 Unit Ltr. E, 1980' FNL, 610' FWL, Sec. 19, T-7S, R-32E	8. FARM OR LEASE NAME CONE FEDERAL
14. PERMIT NO.	9. WELL NO. 28
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4392' GL, 4404' KB	10. FIELD AND POOL, OR WILDCAT Tomahawk San Andres
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-7S, R-32E
	12. COUNTY OR PARISH Roosevelt
	13. STATE New Mexico

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input checked="" type="checkbox"/>	(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 Cone Federal Well No. 28 is a temporarily abandoned well. Murphy Operating Corporation plans to plug and abandon this well in the very near future. We hereby request that the TA status of this well be continued for six months.



I hereby certify that the foregoing is true and correct

SIGNED Lois N. Brown TITLE Production Clerk DATE Feb. 17, 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING 2/26/87
*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER
FEB 26 1986
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA