

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>re-entry</u>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR MURPHY OPERATING CORPORATION	8. FARM OR LEASE NAME Inexco Federal 7 Com
3. ADDRESS OF OPERATOR P. O. DRAWER 2648, ROSWELL, NEW MEXICO 88202-2648	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL and 660 FWL	10. FIELD AND POOL, OR WILDCAT Tonto Bone Spring <i>Undesignated</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T-19-S, R-33-E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3659.4
	12. COUNTY OR PARISH Lea
	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) <input type="checkbox"/>
(Other) Change of Operator		(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.) *

Change of Operator from Murphy Operating Corporation to:

Manzano Oil Corporation
P. O. Box 571
Roswell, New Mexico 88202-0571

Effective 12/15/86.

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

SIGNED <u>Mark B. Murphy</u>	TITLE <u>President and COO</u>	DATE <u>12/15/86</u>
(This space for Federal or State office use)		
APPROVED BY <u>Org: Sgd: Charles S. Dahlen</u>	TITLE <u></u>	DATE <u>1-7-87</u>
CONDITIONS OF APPROVAL <u></u>		

*See Instructions on Reverse Side