

NO. OF COPIES RECEIVED		
DISTRIBUTION		
DATE	✓	✓
TIME	✓	✓
S.G.S.		
FIELD OFFICE	✓	
OPERATOR	✓	

RECEIVED BY  
**NEW MEXICO OIL CONSERVATION COMMISSION**  
**JUL 28 1986**  
**O. C. D.**  
**ARTESIA OFFICE**

Form C-103  
 Supersedes Old  
 C-102 and C-101  
 Effective 1-1-65

5a. Indicate Type of Lease  
 State  Fee

5. State Oil & Gas Lease No.  
 LG-3847

7. Unit Agreement Name  
 Hamon State

8. Farm or Lease Name

9. Well No.  
 #1

10. Field and Pool, or Wildcat  
 Wildcat Bone Spring

12. County  
 Eddy

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PRODUCE TO BE USED ON THE FIELD OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMITS AND REPORTS FOR SUCH PURPOSES.)

OIL WELL  GAS WELL  OTHER

Name of Operator  
 MorOilCo., Inc.

Address of Operator  
 P.O. Drawer I Artesia, NM 88211-0269

Location of Well  
 UNIT LETTER L 1980' FEET FROM THE South LINE AND 660' FEET FROM  
 THE West LINE, SECTION 5 TOWNSHIP 19S RANGE 29E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
 3394.2' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
ACCELERATED ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
REWORK OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER _____	

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.

Frac Perforations 7676' - 7766' via 5-1/2" .23# N-80 casing with 90,000 gal. gelled water, 3% HCl, .25% HF, 2 gal./1000 x R-2L, 1 gal./1000 I-10B, 1 Gal./1000 AquaFlow and 152,500#'s 20/40 sand with four drums scale inhibitor. Treating pressures: Min. 3250#, Max. 4400#, Avg. 3700#. 43 bbl/min avg. injection rate. ISDP 2200# 15 min. 1900#.

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

Original Signed By Les A. Clements TITLE Operator DATE July 15, 1986

COPIES BY Supervisor District II TITLE \_\_\_\_\_ DATE JUL 30 1986

CONDITIONS OF APPROVAL, IF ANY: