Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	ergy, Minerals and Natural Resources			Revised March 25, 1999	
District II				WELL API NO. 30-025-04995	
811 South First, Artesia, NM 87210 District III 2040 South Pacheco			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Facheco Santa Fe, NM 87505			STATE A FEE		
2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & G	as Lease No.
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" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:				7. Lease Name or Unit Agreement Name: Morse "A"	
Oil Well Gas Well Other SWD 2. Name of Operator					
C. W. Trainer				8. Well No.	
3. Address of Operatorc/o Oil Reports & Gas Services, Inc.				9. Pool name or W	
1008 W. Broadway, Hobbs, NM 88240 4. Well Location				-Devonian;	SWD San Andre
Unit Letter A : 660 feet from the North line and 660 feet from the East line					
9. 1. 29				-	, themic
Section 28 Township 10S Range 37E NMPM Lea County 10. Elevation (Show whether DR, RKB, RT, GR, etc.)					
10. Lievadoli (Show whether DR, RRD, R1, GR, etc.)					
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDOI	N Ш	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRIL	LING OPNS.	PLUG AND ABANDONMENT
	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	D 🗆	ADANDONWENT
OTHER:			OTHER:		П
12. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.					
Pulled & layed down tbg. CO to 5176'. Run new string 2 7/8" tbg					
w/ 5 jts tail pipe. Set pkr @ 4999'. Place on vacuum.					
			Non-	Well Pod-H 2809	3603
I hereby certify that the information al	ove is true and compl	lete to the b	est of my knowledge	and belief.	
1.4	ard	_TITLE	Agent		DATE_3/6/01
Type or print name Gaye H	eard			Telepho	one No. 505/393-2727
(This space for State use)		·			
APPPROVED BY	_	TITI E			n , mn
Conditions of approval, if any: ORIGINAL SIGNED BY GARY W. WINK				 	DATE
-	OC f	IELD REPR	IK RESENTATI VE II/S T	TAFF MANAGER	SEP 1 1 2002

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