

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Santa Fe	
File	
BLM	
Land Office	
B of M	
Operator	

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-26098
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Foran State
8. Well No. #1
9. Pool name or Wildcat Grayburg-Jackson-SR-Q-GR-S

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.) **RECEIVED**

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
Morexco, Inc. **JUL 11 '89**
3. Address of Operator
P. O. Box 481, Artesia, NM 88210 **C. C. D. ARTESIA OFFICE**

4. Well Location
Unit Letter H : 2310 Feet From The North Line and 330 Feet From The East Line
Section 16 Township 17S Range 31E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3860' Grd.

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

4-24-89 Spudded with cable tool.
7-6-89 Ran 611' of 23# 8 5/8". Cemented with 425 sxs. Class C.
Circulated trace of cement. WOC for 18 hours. Pressure
tested to 1000# for 30 minutes and held fine.
7-7-89 Rig down and wait on rotary.

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

SIGNATURE Rebecca Olson TITLE Production Clerk DATE 7-7-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE JUL 12 1989

CONDITIONS OF APPROVAL, IF ANY: