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RECEIVED BY
NEW MEXICO OIL CONSERVATION COMMISSION
JUN 24 1986
O. C. D.
ARTESIA, OFFICE

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

5a. Indicate Type of Lease
 State ☒ Fee ☐
 5. State Oil & Gas Lease No.
 L-1022

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-DRILL OR TO BACK TO A DIFFERENT RESERVOIR.
 USE APPLICATION FOR PERMIT TO DRILL OR TO RE-DRILL FOR SUCH PURPOSES.)

OIL WELL ☐ GAS WELL ☐ OTHER- SWD

Name of Operator

MorOilCo, Inc.

Address of Operator

P.O. Drawer I Artesia, NM 88210

Location of Well

UNIT LETTER 0 1980 FEET FROM THE East LINE AND 660 FEET FROM

THE South LINE, SECTION 5 TOWNSHIP 19S RANGE 29E NMPM.

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

3347.3 SD

7. Unit Agreement Name

8. Form of Lease Name

Guajalote State

9. Well No.

#2

10. Field and Pool, or Wellnet

S. Loco Hills O, G, SA

12. County

Eddy

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

REPAIR REMEDIAL WORK ☐

REPAIR BY ABANDON ☐

REPAIR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

REMEDIAL WORK ☒

COMMENCE DRILLING OPS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

11/25/85 - Notified State of procedure. Squeeze perforations 1271 to 1331 with 100 sx. C1 "C" cement with .6 CF-10. Squeeze to 1500# & held O.K. Pull up and WOC for 18 hours. Squeeze required by State for Salt Water Disposal purposes.

11/26/85 - Pressure test squeeze to 300#, held O.K. Test was witnessed by State representative.

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

Signed Frank S. Mager

TITLE Operator

DATE 12/11/85

Original Signed By

Les A. Clements

TITLE

Supervisor District I

DATE

JUN 27 1986

ADDITIONS OF APPROVAL, IF ANY:

