

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
T. L. MORRIS

3. ADDRESS OF OPERATOR
P. O. BOX 2130, KILGORE, TX 75662

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330' FEL 330' FSL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) <u>Plugging</u>			

5. LEASE
NM 13187

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
T. L. Morris

9. WELL NO.
T. L. Morris #1

10. FIELD OR WILDCAT NAME
Wildcat Gallup

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
SE¹/₄ SE¹/₄ Sec. 2 T16N, R5W

12. COUNTY OR PARISH
McKinley

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6304' GR

RECEIVED (NOTE: Report results of multiple completion or zone change on Form 9-330.)
DEC 17 1984
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

As per phone conversation with Errol Becher on 12/14/84, the plugging operation will be postponed until the winter weather has cleared up.

Weather turned bad while waiting for Western Surety to finalize legal requirements. (This is a two-well plugging program.)

RECEIVED
JAN 10 1985
OIL CON. DIV.
DIST. 3
Set @ _____ Ft.

Subsurface Safety Valve: Manu. and Type _____

18. I hereby certify that the foregoing is true and correct
SIGNED Thomas D. Chace TITLE COORDINATOR DATE December 14, 1984

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APPROVED AS AMENDED

Approved until May 1, 1985

JAN 09 1985
M. MILLENBACH
AREA MANAGER