

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy Minerals and Natural Resources Department

Form C-103
Revised 1-1-89 *dsr + DP*

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. 30-015-26058
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-0465

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.)		7. Lease Name or Unit Agreement Name Mary Wolf State	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED FEB 21 '89		
2. Name of Operator Morexco, Inc. ✓	8. Well No. 3		
3. Address of Operator P. O. Box 481, Artesia, NM 88210 O.C.D.	9. Pool name or Wildcat West Millman-Grayburg		
4. Well Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>19S</u> Range <u>27E</u> NMPM <u>Eddy</u> County	ARTESIA, OFFICE		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3476'			

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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.

2-10-89 T. D. well at 1820'. Run 1675' of 5 1/2" casing with a formation packer shoe on bottom. Cement with 350 sxs. 50-50 Poz. Plug down at 8:00 P.M. WOC 48 hrs. Pressure test to 1000# for 30 minutes. Held fine.

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

SIGNATURE Rebecca Olson TITLE Agent DATE 2-20-89

TYPE OR PRINT NAME Rebecca Olson TELEPHONE NO. 748-1014

(This space for State Use)

Original Signed By
Mike Williams

FEB 21 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: