State of New Mexico Submit 3 Copies Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-025-33007 Santa Fe, NM 87505 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE FEE [ DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: J.F.G. State WELL & WELL OTHER 8. Well No. 2. Name of Operator Morexco, Inc. 9. Pool name or Wildcat 3. Address of Operator 1591 Roswell P.O. Box 481, Artesia, N.M. Epst EK 4. Well Location 2310 Feet From The \_\_East 1650 Feet From The South Line and Section 15 Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: \_ 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. Approved as to plugging of the Well Bore. 1)12-23 NNOCD-Billy P. & Chriss W. Liability under bond is retained until 2)12-28 Set CIBP @ 4394' surface restoration is completed. 3) Dumpbail 5 sx at 4394 to 4344' 4) Circ. 5-1/2" csg w/19.5 #/gal gelled mud. SQQOH 5)12-19 Spot 25 sx @ 2650 to 2404' 6) Cut and pull 5-1/2 csg from 1676. 7) Mix and spot 30 sx @1726' 8)12-20 RIH w/tbg to tag TOC @1583'. 9) Spot 30 sx @1265,WOC & Tag TOC @1154'. 10) Spot 10 sx 30' to Surf. 11) Cut WH & Deadmen, install dry hole marker and backfill pit and cellar.ASAP. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Area Manager \_\_ DATE <u>12-30</u>-99 SIGNATURE

TITLE Area Manager DATE 12-30-99

TYPE OR PRINT NAME ROSER Massey

TELEPHONE NO. (915) 570-0646

(This space for State Use)

APPROVED BY APPROVAL, IF ANY: