

UNIT STATES M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
RODES, NEW MEXICO 88240

Form approved.
Budget Bureau No. 42-R1424

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" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0127905	
2. NAME OF OPERATOR M & G Oil, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 957 Crossroads, New Mexico 88114		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL and 1980' FWL		8. FARM OR LEASE NAME Morton Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4140' GR		10. FIELD AND POOL, OR WILDCAT Vada Bough Perno Penn	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-9-S, R-35-E	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Temporarily Abandon		<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Shut down pumping unit and closed in well on October 1, 1985 on account of uneconomic production rate.

APPROVED FOR 12 MONTH PERIOD
ENDING 10/21/86

18. I hereby certify that the foregoing is true and correct

SIGNED Wm. Grossbeck TITLE Vice President

DATE 10-17-85

(This space for Federal or State office use)

APPROVED BY Mark Holic AREA MANAGER
CONDITIONS OF APPROVAL, IF ANY: CARLSBAD RESOURCE AREA

DATE 10/21/85

RECEIVED

OCT 23 1985

OFFICE
HON. S. GRACE