Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

N.M. C'Cons. Division 1625 N. French P. APPROVED Hobbs, NM 8824 (170040135

| BUREAU O   | F LAND MANAGEMENT   | Expires: March 31, 1993  |
|--|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS  |   | <ol> <li>Lease Designation and Serial No.</li> <li>NM-055828 7</li> </ol>  |
| Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  Use "APPLICATION FOR PERMIT - " for such proposals  |   | 6. If Indian, Allottee or Tribe Name   |
| SUBMIT IN TRIPLICATE   |   | 7. If Unit or CA, Agreement Designation  |
| 1. Type of Well    X   Oil   Gas   G | ••  |  |
| Well L Well L Other  |   | 8. Well Name and No.   |
| 2. Name of Operator  |   | Morgan "A" Federal 1 thru 6  |
| Chi Operating Inc.  3. Address and Telephone No.   |   | 9. API Well No.  |
| PO Box 1799, Midland, Tx. 79702  |   | 10 Field and Book or Exploration Assa  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)   |   | 10. Field and Pool, or Exploratory Area Chavaroo, San Andres   |
| SE 1/2 of SW 1/4 of sec 27, 7S, 33E & SE 1/4 of sec 27, T7S, R33E  |   | 11. County or Parish, State  |
|  |   | Roosevelt, NM  |
|  |   |  |
| 12. CHECK APPROPRIATE BOX(s) TYPE OF SUBMISSION  | TO INDICATE NATURE OF NOTICE, REPORT, O<br>TYPE OF ACTION   | R OTHER DATA   |
| Notice of Intent   | Abandonment   | Change of Plans  |
|  | Recompletion  | New Construction   |
| X Subsequent Report  | Plugging Back   | Non-Routine Fracturing   |
|  | Casing Repair   | Water Shut-Off   |
| Final Abandonment Notice   | Altering Casing   | Conversion to Injection  |
|  | X Other   | Dispose Water  |
| ı  |   | (Note: Report results of multiple completion on Well  Completion or Recompletion Report and Log form.)   |
| This report covers the following wells #3 30-041-10445, #4 30-041-10415, #   | Morgan A Federal #1 30-041-10419, #2 30-041-104.5 30-041-10416, #6 30-041-10417  production, effective 8-1-00 POD # 2452210  ACCEPTED FOR RECURS AUG 2 9 2000 | and the same of th |
| 14. I hereby certify they the foregoing is flus and started.  Signed   | Title Supv.   | Date 8/1/00  |
|  | - Capt.   | Date   |
| (This space for Federal or State office use)   | •   |  |
| Approved by  | Title   | Date   |
| Conditions of approval, if any:  |   |  |
| Title 18 U.S.C. Section 1001, makes it a crime for any person kno  | owingly and willfully to make to any department or agency of the United States any falso  | e, fictitious or fraudulent statements   |

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