Form 3160-5

UNDED STATES

N.M. Cil. Co	ns. Division
1625 N. Fre	nchf prapproved
Hobbs, NM	88240 No. 1004-01

(June 1990)		OF THE INTERIOR AND MANAGEMENT	Hobbs, NM	88240 Expires: March 31, 1993
				5. Lease Designation and Serial No.
_		ID REPORTS ON WELLS		NM-055828 7
Do not	use this form for proposals to d Use "APPLICATION FOR	rill or to deepen or reentry to a PERMIT - " for such proposa		6. If Indian, Allottee or Tribe Name
	SUBMIT IN	TRIPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well	• —			
	Well Other			8. Well Name and No/
2. Name of Operator				Morgan "A" Federal 1 thru 6
Chi Operating			A	9. APL Well No.
3. Address and Tele	•			10. Field and Pool, or Exploratory Area
PO Box 1799, Midland, Tx. 79702 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				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) TO	INDICATE NATURE OF N	OTICE, REPORT, OR	OTHER DATA
	SUBMISSION		YPE OF ACTION	
Notice	of Intent	Abandonment		Change of Plans
		Recompletion		New Construction
X Subse	equent Report	Plugging Back		Non-Routine Fracturing
☐ Final (Abandonment Notice	Casing Repair Altering Casing		Water Shut-Off Conversion to Injection
Firlar A	-balldonne it (voice	X Other		Dispose Water
	İ			(Note: Report results of multiple completion on Well
13. Describe Propose	ed or Completed Operations (Clearly state all p	ertinent details, and give pertinent dates, inclu	uding estimated date of starting any pro	Completion or Recompletion Report and Log form.) posed work. If well is directionally drilled,
	ace locations and measured and true vertical d			
This report or	overs the following wells Mor	nan Δ Federal #1 30-041-1	NA19 #2 30-041-10420	1
	445, #4 30-041-10415, #5 3			'1
Those well be	ave been placed back into p	oduction effective 8-1-00 I	20D # 2//52210	
THESE WEITH	ave been placed back into pi	oduction, effective 0-1-00 i	*OD # 2432210	
			the state of the s	e and the
		AC	CEPTED FOR RECO	RD
		**	AUG 2 9 2000	
			AUG E S ESS	
			1/2	
		<u> </u>		
	0 / 100 /			
14. I hereby ceday Signed	that the foregoing is full and correct	Title Supv.		Date <u>8/1/00</u>
(This space for I	Federal or State office use)			
Approved by _		Title		Date
Conditions of app	proval, if any:			
Title 18 U.S.C. Section	n 1001, makes it a crime for any person knowin	gly and willfully to make to any department or	agency of the United States any false,	ictitious or fraudulent statements

GWW

RECEIVED

AUG 24 2000

BLM

ROSWELL, NM

Received Hopks