

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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-36486	
2. NAME OF OPERATOR MorOilCo., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Drawer I, Artesia, NM 88210		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 660 FSL 620 FWL		8. FARM OR LEASE NAME Gallina Federal	
14. PERMIT NO.		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4402.2' GL		10. FIELD AND POOL, OR WILDCAT Tomahawk San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31-7S-32E	
		12. COUNTY OR PARISH Roosevelt	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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 type="checkbox"/>	

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) Run 4 1/2" Casing	

(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.)*

12/4/83 Ran 4260' of 4 1/2", 9.5# J-55 casing. Pump 500 gal. Excelllo-Gel mud flush ahead, cement with 230 sx. Class "C" Cement, 2% CaCl. Plug down @6:00 p.m.

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

SIGNED Frank J. Morgan TITLE Operator DATE 12/12/83

(This space for Federal or State Office Use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 21 1983

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO

DEC 28 1983
O C H
FBI NEW YORK
AS 02/15

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DEC 28 1983
OFFICE
NEW YORK