Form 9-331 (May 1963)	H. M. OR SOLUTION P. O. BOX 19 HOBBS, NEW MEXICO UNITED S DEPARTMENT OF GEOLOGICA	THE INTERIOF	SUBMIT IN TRIPLICATE* (Other instructions on re- verse side) RECEIVED	Form approved. Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO. NM-36486
(Do not use this	S form for proposals to drill or Use "APPLICATION FOR PE	to deepen or plug been RMIT—" for such propos	WELD S 5 AM '83	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL GAS WE'L WELL 2. NAME OF OPERATOR	OTHER	BU RC	R. OF LAND MGMT DSWELL DISTRICT	7. UNIT AGREEMENT NAME
MorOilCo, Inc. 3. address of operator				8. FARM OR LEASE NAME Gallina Federal 9. WELL NO.
P.O. Drawer I, Artesia, NM 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface				#1 10. FIELD AND POOL, OB WILDCAT Tomahawk San Andres 11. 88C., T., R., M., OB BLK. AND
660 FSL 6	20 FWL Uni	t M		SURVEY OR AREA
14. PERMIT NO.		S (Show whether DF, RT, o	GR, etc.)	31-7S-32E 12. COUNTY OR PARISH 13. STATE
16.	Check Appropriate Bo		e of Natice Report or O	Roosevelt NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
TEST WATER SHUT-O. FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIPE PROPOSED OF proposed work. If	MULTIPLE COMPL ABANDON* CHANGE PLANS	ETE	Completion or Recomple	REPAIRING WELL ALTERING CASING ABANDONMENT* Surface of multiple completion on Well tion Report and Log form.) neluding estimated date of starting any depths for all markers and zones perti-
nent to this work.)*				
11/24/83	Spud well @9:00 a.m., drilled to 1306'. Drilled to 1741'. Ran 43 joints 8-5/8" casing, 24#, set @1741'. Cemented with 375 sx. Pace Setter Lite, ½# Celoseal, 2% CaCl, 200# Class C Cement with 2% CaCl. Circulated 15 sx. Plug down @11:30 a.m. Shut-down 18 hr. WOC. Tested to 1000# for 30 minutes. No decrease in pressure.			
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SIGNED Fran	the foregoing is true and correc	- TITLE Operato	or	DATE 11/28/83
	ACCEPTED FOR RECORD al or State office use DRIG. SGD.) DAVID R.	GLASS TITLE		DATE
CONDITIONS OF AP	PROVAL GF1 21983			