

P. O. BOX 1980
HOBBS, NEW MEXICO 88240

UNIT STATES

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

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 1900 FWL Unit N		8. FARM OR LEASE NAME Gallina Federal	
14. PERMIT NO.		9. WELL NO. #2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4428.1' 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud & Set Surface <input type="checkbox"/>	
(Other) <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.)*

2/14/84 Spud well @5:00 p.m., drilled to 1120'.

2/15/84 Drill to 1723'. Ran 39 joints 8-5/8" casing, 24#, set @1723'. Cemented with 375 sx. Pace Setter Lite, 1/4# Celoseal, 2% CaCl, 200 sx. Class "C" Cement with 2% CaCl. Circulated 50 sx. Plug down @6:00 a.m. Shut-down 18 hr. WOC. Tested to 1000# for 30 minutes. No decrease in pressure.

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

SIGNED Frank S. Morgan TITLE Operator DATE 2/18/84

(This space for Federal or State "once use") FOR RECORD

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 9 1984

*See Instructions on Reverse Side

RECEIVED
O.C.D.
HOBBS OFFICE

RECEIVED
APR 12 1984
O.C.D.
HOBBS OFFICE