

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-29359

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LG 91788V-1441

7. Lease Name or Unit Agreement Name

State "5"

8. Well No.

9. Pool name or Wildcat

Morton Wolfcamp

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Morgan Oil Corp.

3. Address of Operator
P.O. Box 2107 Roswell N.M. 88201

4. Well Location
Unit Letter M : 650 Feet From The South Line and 660 Feet From The West Line
Section 5 Township 15S Range 35E NMPM 16a County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11-20-1989 Set CIBP @ 9900' - Dumped 35' cement on top
11-21-1989 Spot 35 sxs @ 7400'-7300'
11-21-1989 Spot 35 sxs @ 4700'-4600'
11-21-1989 Spot 50 sxs @ 4050'-3930 tag
11-22-1989 Spot 80 sxs @ 550'-365'
11-22-1989 Spot 10 sxs @ surface

Install dry hole marker
Hole circulated with 10# mud

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Alissa Rafe TITLE Production Clerk DATE 12/15/89
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Jack Griffin TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

V
R N

E