Submit 3 Copics	State of New	Mexico	
to Appropriate District Office	Energy, Minerals and Natura	al Resources Department	Form C-103 Revised 1-1-89
DISTRICT 1 P.O. Box 1980, Hobbe, NM 88240 OIL CONSERVATION DIVISION			WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	II P.O. Box 2088   ar DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		30-025-32658
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			5. Indicate Type of Lease STATE STATE FEE
			6. State Oil & Gas Lease No. V–1987
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:			7. Lease Name or Unit Agreement Name
	OTHER		-
2. Name of Operator			Airstrip "A" State
Morexco, Inc. 3. Address of Operator			2 Well Nd
P. O. Box 481, Artesia, NM 88211-0481 4. Well Location			9. Pool name or Wildcat E. K. Queen, East
Unit Letter : 19	80 Foot From The Sout	h Line and 660	Feet From The Uest Line
Section 15	Township 185	Range 34E	NMPM Lea County
	4026' Grd.	wither DF, RKB, RT, GR, etc.)	
11. Check NOTICE OF IN	Appropriate Box to Indic	ate Nature of Notice, F	eport, or Other Data
	PLUG AND ABANDON		SEQUENT REPORT OF:
	CHANGE PLANS		
PULL OR ALTER CASING	CHANGE PLANS		
OTHER:		CASING TEST AND C	
12. Describe Proposed or Completed Ope- work) SEE RULE 1103.	rations (Clearly state all persinent det		iding estimated date of starting any proposed
9-14-94 MI AND RU, 9-15 370'. Ran Celloflake pit. Plug 9-16 Drilling t 9-23 Ran 4978' Lite w/5% w/.8% FL-6 1:00 a.m.	<pre>spud at 5:30 p.m 9 jts. of 8 5/8" followed by 100 s down. hru 9-22-94. of 15.5-17# J-55 s A-5 and 1/4# Cello 2, .3% CD-32 and Circulated 25 sxs</pre>	24# w/150 sxs. sxs. "C" 2% A7. 5 1/2" cemented 5 1/2" cemented 0 flake followed .2% sodium metas 5. to pit. Pres	Class "C" 2% A7 and 1/4# Circulated 50 sxs. to w/600 sxs. Class "C" by 300 sxs. Class "C" ilicate. Plug down at sure tested to 1500#. 4975'. Release rig.
I hereby certify that the Information above is the SKONATURE	SINT		
TYPE OR PRINT NAME		<u> </u>	DATE 9-26-94
			TELEPHIONE NO.
(This space for Sizie Use)			OCT 03 1994
CONDITIONS OF AFFROYAL, IF ANY:		- IIILE	DATE

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