

N. H. OIL BENS. CO. SIGN

P. O. BOX 1000

HOBBS, NEW MEXICO 88240

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

7. LEASE DESIGNATION AND SERIAL NO.

NM-57285

8. IF INDIAN, ALIOTTEE OR TRIBE NAME

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 ☒ GAS ☐ OTHER ☐
WELL ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

MorOilCo, Inc.

3. ADDRESS OF OPERATOR

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

330 FNL 330 FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Stivason Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Pearl Queen

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

33-19S-34E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3694.9 GR

12. COUNTY OR PARISH

Lea

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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING ☒

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(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.)*

Perforate .42 holes as follows: 4095, 96, 97, 98, 99, 4100. Set BP at 4201'.
Acidize with 2500 gallons 7½% DS-30 acid. Perforate .42 holes as follows: 4010,
11, 12, 19, 20, 21, 22, 23, 3909, 10, 11, 12, 13, 14, 15. Acidize with 1000 gal-
lons 7½% DS-30 acid. Set Baker Model "Lok-set" 4½" packer @ 4201'.

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

SIGNED

Frank J. Morgan

TITLE Operator

DATE 11/14/84

(This space for Federal or State office use)

APPROVED BY

SWC

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

Carlsbad

*See Instructions on Reverse Side

(9/5/85) M