N. M. Oil Cons. Division
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: NM 57285

6. IF INDIAN, ALLOTTEE 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 WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: MorOilCo, Inc.

8. FARM OR LEASE NAME: Stivason Federal

3. ADDRESS OF OPERATOR: P.O. Drawer I Artesia, NM 88210

9. WELL NO.: #2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 330 FSL 1650 FEL Unit O

10. FIELD AND POOL, OR WILDCAT: Pearl Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 28-19S-34E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3689.5' 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) Run 5-1/2" Casing			[X]
(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.) *

Run 110 joints, 4609.84, 5-1/2" 14.8#, J-55 casing. Start 1000 gal. mud flush & cement with 200 sx. Howco Lite, 15# salt, 1/4# floseal, 250 sx. Cl "C", 3/10 Halide #9. Plug down at 11:30 a.m. Release rig.

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

SIGNED Richard Morgan TITLE Operator DATE 1/7/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 16

Carlsbad, New Mexico

*See Instructions on Reverse Side