

UNITED STATES COMMISSION IN TRIPPLICATE*
DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
GEOLOGICAL SURVEY MEMPHIS 83240

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 ☒ GAS 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 1650' FEL

14. PERMIT NO. Unit B

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3691.9' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Stivason Federal

9. WELL NO.
#3

10. FIELD AND POOL, OR WILDCAT
Pearl Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
33 T19S R34E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) Run 5-1/2" Casing			☒

(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, 4630', 5-1/2" 15.50#, LS & T casing. Start 1000 gallons mud flush & cement with 375 sx. C1 "C" with 6# salt, .2% CFR-3. Plug down @ 12:30 a.m., 12/25/85. Release rig 1:00 a.m. W.O.C.

Gué
JAN 2 1986

CANON, NEW MEXICO

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

SIGNED *Frank Amaze* TITLE Operator

DATE 12/30/85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE