

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Morexco, Inc.

3. Address and Telephone No.

P. O. Box 481, Artesia, NM 88211-0481 505-746-6520

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Section 7, Township 18 South, Range 32 East
2310' FNL & 1650' FEL
SW/4NE/4, Unit Letter G

5. Lease Designation and Serial No.

NM-40449

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Young North 7 Fed. #1

9. API Well No.

30-025-30897

10. Field and Pool, or Exploratory Area

Pearsall Queen

11. County or Parish, State

Lea County, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

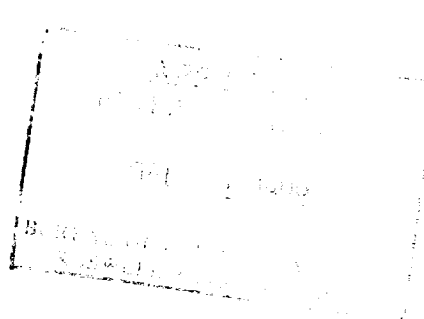
☐ Abandonment
☒ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Plan to set temporary bridge plug at 2700' and perforate the Yates-Seven Rivers Formation @ 2560-2630' and test. Will file completion report at a later date.



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

Signed D. L. WOOD Title President

Date 11-10-99

(This space for Federal or State office use)

Approved by D. L. WOOD Title President

Date 11-10-99

Conditions of approval, if any: