Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

RECEIVED

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 14791

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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Moroilco., Inc.

8. FARM OR LEASE NAME
NM Federal

3. ADDRESS OF OPERATOR
PO 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
1980' FNL, 1980' FEL, Sec.4
4 miles SE/Halfway Bar

10. FIELD AND POOL, OR WILDCAT
S.Salt Lake Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec.4-21S-32E

14. PERMIT NO.
30-025-~~22751~~ 22751

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3688' 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) ☐	
(Other) *Change of Operator		(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.)*

Please correct your records to reflect the Operator of this well to:
**Strata Production Company:
648 Petroleum Bldg.
Roswell, NM 88201

Effective September 1, 1988 Strata has taken over MorOilco's operations thereby becoming Operator of the above captioned well.

Statewide Federal Bond #BO 1392 has been approved by Delores Vigil of your office in Santa Fe on Sept. 15, 1988. The form filed was #3000-4. A copy of this approval is attached here as exhibit "a".

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

James G. McClellan V.P. Administration October 27, 1988

SIGNED James G. McClellan TITLE V.P. Administration DATE 10-27-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SJS

*See Instructions on Reverse Side

Form 3160
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: NM 14791

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.)

7. UNIT AGREEMENT NAME:

OIL WELL ☐ GAS WELL ☒ XX OTHER

2. NAME OF OPERATOR: MorOilCo., Inc.

8. FARM OR LEASE NAME: NM Federal

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

9. WELL NO.: 2-4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface

10. FIELD AND POOL, OR WILDCAT: S. Salt Lake

1980' FNL, 1980' FEL, Section 4
4 miles SE/Halfway Bar

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 4-T21S-R32E

14. PERMIT NO.: 30-025-22751

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3688'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	X CHANGE PLANS	(Other)	
(Other) Workover	Intent to plug back	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.)*

SEE ATTACHED EXHIBIT "A"

RECEIVED

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

SIGNED Frank S Morgan TITLE Vice-President DATE 8/30/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 9-19-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.