

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*
(Other instructions on reverse side)

Form approved. *SF/ file*
Budget Bureau No. 42-1424

5. LEASE DESIGNATION AND SERIAL NO.

LC-062376

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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR MORRIS R. ANTWEIL ✓		8. FARM OR LEASE NAME Federal H-G	
3. ADDRESS OF OPERATOR Box 2010 Hobbs, New Mexico		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FEL Section 30		10. FIELD AND POOL, OR WILDCAT HG Morrow Gas	
14. PERMIT NO.		18. STATE NM	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3362' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-T19S-R30E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3362' GR		12. COUNTY OR PARISH Eddy	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.) *

Drilled 12 1/4" hole to 3700'. Lost returns @ 2690'-but regained circulation by 3360'. Ran 91 jts. 8 5/8" 24# & 32# K-55 casing to 3700' & cemented with 200 sx Thixset cement, 2000 sx Halliburton lite cement containing 15#/sx salt, 5 #/sx gilsonite & 1/4 #/sx Flocele, and 200 sx Class "C" cement. Plug down @ 11:45 AM 30 Dec 80. Circulated 25 sx cement. WOC 18 hrs. Tested casing to 2000 psi - 30 mins - OK. Drilled out & drilling ahead w/7 7/8" bit.

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

SIGNED *R. W. Williams* TITLE Agent DATE 2 Jan 81

(This space for Federal or State office use)
APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL JAN 5 1981

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO
See Instructions on Reverse Side