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5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
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**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 -" (FORM C-101) FOR SUCH PROPOSALS.)

|   |   |
|---|---|
| OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   | 7. Unit Agreement Name<br>-----                       |
| Name of Operator<br><b>MORRIS R. ANTWEIL</b>  | 8. Farm or Lease Name<br><b>Dewey</b>                 |
| Address of Operator<br><b>P. O. Box 2010 Hobbs, New Mexico 88240</b>  | 9. Well No.<br><b>1</b>                               |
| Location of Well<br>UNIT LETTER <b>J</b> <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM<br>THE <b>East</b> LINE, SECTION <b>5</b> TOWNSHIP <b>20S</b> RANGE <b>38E</b> NMPM. | 10. Field and Pool, or Wildcat<br><b>Undesignated</b> |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><b>3581'</b>   | 12. County<br><b>Lea</b>                              |

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

|  |   |  |  |
|--|---|--|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>                   |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/>              |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <u>Treatment</u> <input checked="" type="checkbox"/> |

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Fracture acidized Drinkard perms 10-12-81 with 10,000 gals. gelled pad, 15,000 gals 28% acid and 7400 gals. gelled overflush in three stages injecting 7 ball sealers between stages. Treated @ 12 b/m with 4600 psi average pressure. Maximum pressure 5650 psi. ISIP 2220 psi, 15-min SIP 1850 psi, 4-hr SIP 1000 psi. Flowed back load. Flowing 51 bbls fluid per day with 10% estimated oil cut and 1200 MCFD through 36/64" choke with 200 psi tubing pressure.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *James Hillard* TITLE Agent DATE 19 Oct 81

APPROVED BY Les Clements TITLE \_\_\_\_\_ DATE Oct 19 1981

Oil & Gas Insp.

CONDITIONS OF APPROVAL, IF ANY: