

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

STANDARD FORM NO. 100
MAY 1962 EDITION
GSA GEN. REG. NO. 27

Form approved
Budget Bureau No. 42 R1424

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

Use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT" for such proposals.

1. NAME OF OPERATOR
NAME OF PROPRIETOR

Morris R. Antweil

7. UNIT AGREEMENT NAME

C

8. FARM OR LEASE NAME

Southern-Union

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Sanyer

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

Sec. 6, T10S, R38E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, GR, etc.)

3945 EB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

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☐
☐
☐
☐

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)

(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.) *

- ✓ 1. Spot a 25 ex. plug to cover all perforations.
- ✓ 2. Load hole w/mud laden fluid.
- ✓ 3. Pull approximately ²⁰⁰⁰ 2000' of 4-1/2" casing.
- ✓ 4. Spot a 25ex. cement plug at casing stub.
- ✓ 5. Spot a 25ex. cement plug at 2300' - 2400'.
- ✓ 6. Spot a 25ex. cement plug at 350' - 450'.
- ✓ 7. Spot a 10ex. cement plug in top & erect a 4" regulation Marker.

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

SIGNED

[Signature]

TITLE

Assistant Manager

DATE

5-14-65

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

[Signatures and stamps]