

M. OIL CONS. COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

RECEIVED BY  
JUN 13 1984  
Budget Bureau No. 42-R1424  
O. C. D.  
ARTESIA OFFICE

C/27

**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 Form 9-331-C for such proposals.)

1. oil well  gas well  other

2. NAME OF OPERATOR  
Morris R. Antweil

3. ADDRESS OF OPERATOR  
P. O. Box 2010, Hobbs, NM 88241

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FNL & 1980' FEL Sec. 30  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Flare Gas	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE	LC-062376	O. C. D.
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
7. UNIT AGREEMENT NAME		
8. FARM OR LEASE NAME	Federal HG	
9. WELL NO.	1	
10. FIELD OR WILDCAT NAME	HG Morrow Gas	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	30 - T19S - R30E	
12. COUNTY OR PARISH	13. STATE	
Lea County	NM	
14. API NO.		
15. ELEVATIONS (SHOW DF, KDB, AND WD)	3362' GR	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Propose to flare gas to assist in removal of fluid accumulation in well bore. Will vent to atmosphere twice weekly for 1/2 to 1 hour each time. Estimate 10 - 15 MCF gas vented each week. Request continuation of approval

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Jerry Hillen TITLE Agent DATE June 4, 1984

(This space for Federal or State office use)  
APPROVED BY R. Pitschke TITLE P.E. DATE 6/8/84

CONDITIONS OF APPROVAL, IF ANY:  
Until June 8, 1985