NO. OF COPIES RECEIVED	\$		Form C-103
DISTRIBUTION		RECEIVED	Supersedes Old
SANTA FE /	NEW MEXICO OIL	CONSERVATION COMMISSION	C-102 and C-103
FILE	1		Effective 1-1-65
U.S.G.S.		AUG 16 1976	5a. Indicate Type of Lease
LAND OFFICE		110 10 13/0	State Fee X
	/		
CPERATOR		O. C. C.	5. State Oil & Gas Lease No.
		ARTESIA, OFFICE	
S (DO NOT USE THIS FORM	SUNDRY NOTICES AND REPORT	SON WELLS	
USE "AF	PPLICATION FOR PERMIT -" (FORM C-101)	FOR SUCH PROPOSALS.)	
OIL GAS E			7. Unit Agreement Name
OIL GAS WELL X	OTHER-		
2. Name of Operator			8. Farm or Lease Name
Morris R. Antweil ✓			Mesa Grande
3. Affiress of Cycrator			9. Well No.
Box 2010	O, Hobbs, New Mexico	88240]
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER F 1980 FEET FROM THE NORTH LINE AND 1980 FEET FROM			Wildcat
UNIT LETTER	FEET FROM THE	LINE AND FEET I	THITTING TO
West	11	22-S 26-E	
THELINE,	, SECTION TOWNSHIP	RANGE 20 1	MPM. (
THE THE THE STATE OF THE STATE	15 Flevetion (Show u	hether DF, RT, GR, etc.)	12. County
		52 ' GR	
	771777777		Eddy ()
Cł	heck Appropriate Box To Indic	ate Nature of Notice, Report or	Other Data
NOTICE	OF INTENTION TO:	SUBSEQU	ENT REPORT OF:
			•
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N REMEDIAL WORK	ALTERING CASING
TEMPGRARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	(.)
		Completi	on X
OTHER		_	
17. Describe Proposed or Complework) SEE RULE 1103.	eted Operations (Clearly state all pertin-	ent details, and give pertinent dates, inclu	ding estimated date of starting any proposed
nonly still Notice 1700.	4		
PBTD 11,410', Perfd 11,107'-111', 11,113'-117', 11,166'-170',			
11,186'-189', 11,196'-199', 11,218'-233' and 11,243'-246'			
(36' w/43 jet shots.). Set packer @ 11,025'. Treated w/6000 gals			
10% Agid containing 1000 SCE Abl. No. 7			
10% Acid containing 1000 SCF/bbl. N2 and using ball sealers.			
Treated @ 6 b/m. Treating pressure 6100 psi. increasing to 7900			
psi. ISIP 4000 psi. Flowed back load. Flowed approximately			
900 MCFPD. SITP 2650 psi. Prep, to fracture treat.			
		and the state of the	~ ·
18. I hereby certify that the infor-	rmation above is true and complete to the	best of my knowledge and belief.	
<i>つ</i> \.			
SIGNED EMUL	llion TITLE	Agent	13 August, 1976
	2		
110		name of the state	AUC 1 2 1070
ALSECVED BY AS (1)	Likesse W	SUPERVISOR, DISTRICT II	AUG 16 1975
The state of the s	THILE		DATE
CONDITIONS OF APPROVAL, II	F ANY:		