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LAND OFFICE		
OPERATOR		

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State ☐   Fee **X**

5. State Oil & Gas Lease No.
- - - -

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.)

1.
OIL WELL ☐   GAS WELL **X**   OTHER-

7. Unit Agreement Name
- - - - -

2. Name of Operator
Morris R. Antweil

8. Farm or Lease Name
Allen

3. Address of Operator
Box 2010, Hobbs, New Mexico 88240

9. Well No.
1

4. Location of Well

UNIT LETTER **J** , **1980** FEET FROM THE **South** LINE AND **1980** FEET FROM

THE **East** LINE, SECTION **31** TOWNSHIP **22-S** RANGE **27-E** NMPM.

10. Field and Pool, or Wildcat
Undesignated

15. Elevation *(Show whether DF, RT, GR, etc.)*
3187' GL

12. County
Eddy

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB **X**
OTHER _____
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
☐

17. 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.

Drilled 7-7/8" hole to TD 11,825'. Cemented 302 jts. 17#, 20#, and 23# N-80 5-1/2" casing @ 11,825' w/1245 sx cement in 2 stages. DU tool @ 8016' for 2nd. stage. Plug down 6:10 AM 30 Aug. 70. Temperature survey top of cement- 4025'. WOC 24 hrs. Drilled out cement. Tested casing with 2000 psi for 30 mins. with no decline in pressure.

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

SIGNED *R M Williams*   TITLE **Agent**   DATE **9-1-70**

APPROVED BY *W. A. Grossett*   TITLE *OIL AND GAS INSPECTOR*   DATE ____

CONDITIONS OF APPROVAL, IF ANY: