

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(One for instructions on reverse side)

Form approved
District Office No. 92-114

SUNDAY 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" for such proposals.)

1. NAME OF OPERATOR Antec Oil & Gas Company	2. ADDRESS OF OPERATOR Drawer 570, Farmington, New Mexico	3. NAME OF WELL Schwerdtfeger	4. WELL NO. #1
5. LOCATION OF WELL (Show whether Dr, WT, or, etc.) See map space 17 below. 990' F/L & 990' F/L	6. FIELD AND POOL OR WILDCAT West Vitz Pictured Cliffs	7. SECTION, T., R., or, OR COR. AND SURVEY OR AREA Section 8-27-11	8. COUNTY OR PARISH San Juan
9. ELEVATIONS (Show whether Dr, WT, or, etc.) 6142'	10. STATE New Mexico	11. DATE OF NOTICE 12-18-72	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
 PREP. FOR TEST ☐ MULTIPLE COMPLETE ☐
 ABANDON OR REPAIR ☐ ABANDON* ☒
 REPAIR WELL ☐ CHANGE PLANS ☐
 (Other) ☐

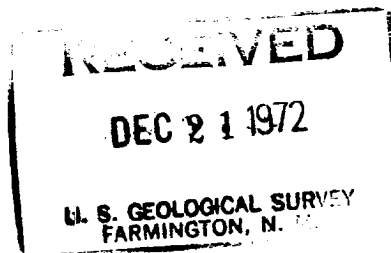
WATER SHUT-OFF ☐ REPAIRING WELL ☐
 FRACTURE TREATMENT ☐ ALTERING CASING ☐
 SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
 (Other) ☐

(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)*

PROPOSE TO:

1. Spot cement plug from Total depth - approximately 1960' to 1700'.
2. Perforate Ojo Alamo at 900', squeeze with 50 sxs. Spot 100' plug inside pipe.
3. Squeeze bradenhead with 50 sxs.
4. Spot 10' plug at surface.
5. Install dry hole marker.
6. Clean location.



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

Signed [Signature]

TITLE District Superintendent

DATE 12-18-72

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: