Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL 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—" for such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NOO-C-14-20-4140

1.
OIL WELL ☐   GAS WELL ☐   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Alan J. Antweil

8. FARM OR LEASE NAME

Dead Mans Wash

3. ADDRESS OF OPERATOR

Box 2010, Hobbs, New Mexico 88240

9. WELL NO.

1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1650' FS & E. Lines

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

10-27N-18W

14. PERMIT NO.

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

5408' GL

12. COUNTY OR PARISH

San Juan

13. STATE

N. Mex.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
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.) *

T. D. 1650'.

Plug and Abandon 7/17/72 as follows:

        40 sx. plug from 1450' - 1650'
        40 sx. plug from 500' - 700'
        10 sx. plug at top. with U. S. G. S. marker.

OIL CON. COM.
DIST. 3

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

SIGNED _____   TITLE   Geologist   DATE   8/4/72

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side