

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-4149
2. NAME OF OPERATOR Alan J. Antweil		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 2010, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME Dos Mesa
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1927 FNL & 1865 FWL		9. WELL NO. 1
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Wildcat
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5244' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4- 30N -19W
		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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☒CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

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

(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.)*

TD 1232'.

P. & A. 8/2/72 as follows:

40 sx. plug from 950' - 1150'
40 sx. plug from 150' - 350'
10 sx. plug at top.

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

SIGNED

(This space for Federal or State office use)

TITLE

Geologist

DATE

8/4/72

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side