

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

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. Name of Operator
OIL WELL GAS WELL OTHER

2. Name of Operator
MORRIS R. ANTWEIL

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

4. Location of Well
UNIT LETTER **A** **990** FEET FROM THE **North** LINE AND **990** FEET FROM

THE **East** LINE, SECTION **5** TOWNSHIP **20-S** RANGE **38-E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
NADINE

9. Well No.
1

10. Field and Pool, or WHdcat
Undesignated

15. Elevation (Show whether DF, RT, GR, etc.)
3588' GR

12. County
Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Completion <input checked="" type="checkbox"/>

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.

TD 7150' PBD 6135' Treated perfs 6080' - 6115' with 20,000 gals fracture treatment & 25,500# sand down casing. Treated @ 15 b/m with 3800 psi. ISIP 3370 psi. 15-min SIP 3080 psi. 5-hr. SIP 2500 psi. Flowed and swabbed back load. Ran pump. Pump tested 13 BO + 11 BW per day.

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 23 Feb., 1981

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: