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NEW MEXICO OIL CONSERVATION COMMISSION C.C.

APR 15 11 33 AM '66

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

<p align="center">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.)</p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/></p>		<p>5. State Oil & Gas Lease No. K-4840</p>
<p>2. Name of Operator Morris R. Antweil</p>		<p>7. Unit Agreement Name</p>
<p>3. Address of Operator P. O. Box 2010, Hobbs, New Mexico</p>		<p>8. Farm or Lease Name Capitan</p>
<p>4. Location of Well UNIT LETTER L 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 8 TOWNSHIP 7S RANGE 34 E NMPM.</p>		<p>9. Well No. 1</p>
<p>15. Elevation (Show whether DF, RT, GR, etc.) KB-4336</p>		<p>10. Field and Pool, or Wildcat Wildcat</p>
		<p>12. County Roosevelt</p>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input 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.

Spudded Well 2:00 P.M. 4-11-66. Ran and set 403' of 8-5/8" 32#, J-55 Smls. Casing, cemented with 300 sxs. + 2% Calcium Chloride. Cement circulated. Plug down at 2:45 A.M. 4-12-66. WOC 24 hrs. Tested 500 psi for 30 mins. No pressure decline.

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

SIGNED  TITLE **Agent** DATE **4-15-66**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: