

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL GASES COMMISSION
P.O. BOX 1960
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0135
Expires August 31, 1984

5. LEASE DESIGNATION AND SERIAL NO.

NM 54437

6. IF INDIAN, ALLOTTEE OR TRUST NAME

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. WELL NO. WELL ☒ GAS ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR MORRIS R. ANTWELL	8. FARM OR LEASE NAME Conquest Federal
3. ADDRESS OF OPERATOR P. O. 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 p. 16-17 below.) At surface 660' FSL & 660' FEL of Sec. 25	10. FIELD AND POOL, OR WILDCAT Vada Penn
14. TERMITE NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4141' GR
	12. COUNTY OR PARISH Roosevelt
	13. STATE NM

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

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT

REPAIR WELL

CHANGE PLANS

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. ADDITIONAL INFORMATION OR COMMENTS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any operations, if well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Pump tested Bough "C" interval 9773'-9794'.

Pumped 3 BWPD. No show of oil.

Suspended operations. Pulled rods & tubing.

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

SIGNED R. M. Williams TITLE Agent

DATE 19 August 86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER

AUG 20 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side