

UNITED STATES HOBBS, NEW MEXICO 88241
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR
Morris R. Antweil

3. ADDRESS OF OPERATOR
P. O. Box 2010, Hobbs, NM 88241

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL and 660' FEL of Sec. 25
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OR

☐
☐
☒
☐
☐
☐
☒
☐

5. LEASE
NM 54437

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Conquest Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Vada Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 25 - T8S - R35E

12. COUNTY OR PARISH
Roosevelt

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
141' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Pump tested Bough "D". Pump tested 265 BWPD with no oil show. Ran retainer to squeeze perfs. Could not establish injection rate at 6500 psi. Spotted 8' cement on retainer. Ran treating packer to 9712'. Perforated with single jet shots at 9773', 9774', 9776', 9777', 9780', 9781', 9783', 9784', 9787', 9788', 9789', 9790', 9793', and 9794' (14 holes). Swabbed down with fluid volume to small to measure and trace of oil show. Acidized with 2500 gals 15% MCA. Broke from 6100 to vacuum. ISIP vacuum. Avg. rate 3.2 BPM. Had no fluid entry while swabbing. Pulled out of hole with packer. Ran pumping assembly. Put on pump test.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

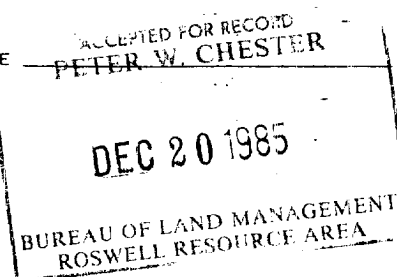
18. I hereby certify that the foregoing is true and correct

SIGNED Peter W. Chester TITLE Agent DATE 12/9/85

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



RECEIVED

DEC 23 1985

HOME OFFICE