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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
V-803	

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER		7. Unit Agreement Name
2. Name of Operator Morris R. Antweil		8. Farm or Lease Name State HS
3. Address of Operator P. O. Box 2010, Hobbs, NM 88241		9. Well No. 1
4. Location of well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>18S</u> RANGE <u>38E</u> N.M.P.M.		10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 3599.3' GR		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	OTHER ☐

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.

Drilled 7 7/8" hole to 8000'. Logged well. Ran 216 jts 15.5# & 17# K-55 and N-80 casing and cemented at 8000' with 800 sx 50/50 class "C" pozmix containing 2% gel, 5#/sk salt and 1/4#/sk flocele. Plug down 4:00 am 6/22/84. Temperature survey after 8 hours shows TOC @ 3950'. Will test casing when completion operations resume.

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

SIGNED <u>Jerry Sexton</u>	TITLE <u>Agent</u>	DATE <u>6/26/84</u>
ORIGINAL SIGNED BY JERRY SEXTON		
APPROVED BY <u>DISTRICT 1 SUPERVISOR</u>	TITLE	DATE <u>JUN 27 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		