

(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 ☒ gas ☐  
well well other

2. NAME OF OPERATOR

MORRIS R. ANTWEIL

3. ADDRESS OF OPERATOR

P. O. Box 2010      Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FNL & 990' FWL of Sec. 7  
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 OF:

JUN 3

1983

## Oil & Gas

**ROSWELL, NEW MEXICO**

(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.)\*

Pumped 5 BO, 7 BW and 7.2 MCF gas per day. Pulled rods, pump and tubing. Fractured Blinbry perfs 6074½'-6131' down the casing with 40,000 gals. gelled water and 57,000# 20/40 sand. Treated in two stages with ball sealers @ 28 BPM and 2800 psi. ISIP 2000, 15-min SIP 1990. Flowed & swabbed 540 bbls water back. Ran pump and rods. Pumping 19 BO, 72 BW per day.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED

TITLE

Agent

DATE \_\_\_\_\_

2 June 83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

**AUG 24 1983**

**\*See Instructions on Reverse Side**

ROSWELL, NEW MEXICO

RECEIVED  
AUG 25 1983  
O.C.D.  
HOBBS OFFICE