

10-7-80

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. CHRYSTAL, 2017 FEB
P. O. BOX 1010
HOBBS, N.M. 88240

Form 10-7-80
Bureau of Land Management
3. LEASE DESIGNATION AND SERIAL NO.
NM 38473
C. INDIAN ALLOTTEE OR TRIBE 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. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Morris R. Antweil	8. FARM OR LEASE NAME Federal 7
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 also space 17 below.) At surface 660' FNL and 990' FNL of Section 7	10. FIELD AND POOL, OR WILDCAT Drinkard
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7-21S-R38E
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE Lea NM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3534.8 GR	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PUMP OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETION
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) Change of Operator	X

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

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.)*

Effective 7 a.m. 2/1/83 Morris R. Antweil is the operator of the above well.

Previous operator was:

Laguna Petroleum Corporation
P.O. Drawer 2758
Midland, Texas 79702-2758

RECEIVED

FEB 2 1983

U.S. GEOLOGICAL SURVEY
MINERAL RESOURCES DIVISION
RECEIVED, FEB 2 1983

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

SIGNED *James A. Gillham*

TITLE *Asst*

DATE *2/1/83*

(This space for Federal or State Office Use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 2 1983

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

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FEB 4 1983
O.C.D.
HOEBS OFFICE