

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

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

OIL WELL ☒ GAS WELL ☐ OTHER- ☐

Name of Operator

MORRIS R. ANTWEIL

Address of Operator

Box 2010 Hobbs, New Mexico 88240

Location of Well

UNIT LETTER H, 1980' FEET FROM THE North LINE AND 660 FEET FROM
THE East LINE, SECTION 8 TOWNSHIP 20-S RANGE 38-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Eggbert

9. Well No.
1

10. Field and Pool, or Wildcat
Undesignated

15. Elevation (Show whether DF, RT, GR, etc.)

3565' GR

12. County
Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 1703.

Drilled 7 7/8" hole to TD 7153'. Reached TD 4:00 PM 14 Mar. 81.
Ran 227 jts. 5 1/2" 17# J-55 casing and cemented @ 7153' with
250 sx Halliburton Lite cement containing 18% salt & 1/4 #/sx
Flocele and 350 sx Class "C" cement containing 5 #/sx salt &
1/4 #/sx Flocele. Plug down 11:00 AM 16 Mar 81. After WOC
6 hrs., ran temperature survey. Top cement @ 3520'. WOC.
Will test casing prior to completion operations.

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

SIGNED RM Williams TITLE Agent DATE 18 Mar 81

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