STATE (?	V MEXICO
ENERGY AND MILE	1-S DEPARTMENT
W#, #F (DF1E) A	CCCIVED

10 (10)		HAIC
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SANTA FE	1	
FILE		
U.S.G.S.		
LAND OFFICE		
DEFEATOR		

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DISTRIBUTION	Р. О. ВОХ			
SANTA FE			Form C-1 Revised	
FILE	SANTA FE, NEW	MEXICO 87501	Wet 136 d	10-1-73
U.\$.G.\$.			5a. Indicate Type of Lease	
LAND OFFICE			·	• XX
OPERATOR			5. State Oil & Gas Lease No.	
			200 200 2000 740.	
SLIND	RY NOTICES AND DEPORTS ON	WELL B	mmmm	
(DO NOT USE THIS FORM FOR PI USE "APPLICA	RY NOTICES AND REPORTS ON A	WELLS CN TO A DIFFERENT RESERVOIR. PROPOSALS.)		
WELL XX WELL			7. Unit Agreement Name	77777
Name of Operator	OTHER-			
. Name of Operator			8. Farm or Lease Name	
MORRIS R.	ANTWETI.			
. Address of Operator	7.7		Dewey	
Box 2010	Hobbs Nor- W.	00010	9. Well No.	
1. Location of Well	Hobbs, New Mexico	_88240	_ 1	
т	1000		10. Field and Pool, or Wildcat	
UNIT LETTER	1980 FEET FROM THE South	LINE AND 1980 FEET FRO	Undesignated	
			mmmmmm."	m
THE East LINE, SECT	10N 5 TOWNSHIP 20-S	38-F		7////
		NANCE NMPM		IIIII
	15. Elevation (Show whether Di	F, RT, GR, etc.)	12. County	<i>7777</i> 7
	3581' GR	, .,	Lea	<i>(1111)</i>
ió.				7////
Check	Appropriate Box To Indicate National	ture of Notice, Report or Ot	her Data	
NOTICE OF I	NTENTION TO:	SUBSEQUEN	T REPORT OF:	
		· ·		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		
'EMPORARILY ABAHDON		COMMENCE DRILLING OPHS.	ALTERING CASING	
PULL OR ALTER CASING	<u></u>		PLUG AND ABANDONMEN	ıт []
		CASING TEST AND CEMENT JOB		
OTHER		OTHER		\Box
. Describe Proposed or Completed Op	perations (Clearly state all pertinent details			
work) SEE RULE 1103.	y sales are periment details	, and give pertinent dates, including	estimated date of starting any pro	posed
Court of the court	10 134 04 1 ===			
Spadded /:3	80 AM 24 Aug 81. Drill	led $12 1/4$ " hole to	1500'	
	E HALLINII I III A CODI	F03737~ L //		
2% CaCl ₂ .	Plug down 10:30 AM 25	Λυα 91 σε 1 · CO	ntaining	
120 sx. WO	OC 18 hrs. Tested casi	Aug oi. Circulate	d	
OV D	iested casi	lng to 2000 psi - 3	0 mins -	

OK. Drilling ahead w/7 7/8" bit.

- ·	
- ·	
6. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
2)	
ICHED KMWSlern Agent 27 Aug	0.7
DATE ZI AUD	. oti
The first the second se	
ONDITIONS OF APPROVAL, IF ANY:	
ONDITIONS OF APPROVAC, IF ANY:	