

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-75

5c. 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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. Unit Agreement Name -----
2. Name of Operator MORRIS R. ANTHEIL		8. Farm or Lease Name HUEY
3. Address of Operator P. O. Box 2010, Hobbs, New Mexico 88240		9. Well No. 1
4. Location of well UNIT LETTER K 2080 South 1980 FEET FROM THE LINE AND FEET FROM THE West LINE, SECTION 5 TOWNSHIP 20S RANGE 38E NMPM.		10. Field and Pool, or Wildcat Undesignated
11. Elevation (Show whether DF, RT, GR, etc.) 3580' GR		12. County LEA

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER Perforate and Treat ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

T. D. 7160' PBTB 7120' Test casing to 2000 psi-30 min-OK.
Perforate Drinkard interval at 6965, 66, 67, 68, 69, 70, 7002, 03, 04, 05 and 7006. (11 holes). Ran 2-3/8" tubing and packer. Treated perfs with 2000 gallons 15% acid 20 ball sealers, injecting 5 ball sealers after every 400 gallons. Treated at 4.3 BPM and 4400 psi. Balled off with 7000 psi and swab load. Swabbing 2 bbls. per hour with 10% to 40% oil cut.

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

SIGNED Jerry Geller TITLE Agent DATE 22 Dec. 1981

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: