

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

1a. Indicate Type of Lease State ☐ Fee ☒	
5. State Oil & Gas Lease No. -----	
7. Unit Agreement Name -----	
8. Farm or Lease Name Louie	
9. Well No. 1	
10. Field and Pool, or Wildcat Undesignated	
12. County Lea	

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 P.O. Box 2010, Hobbs, New Mexico 88240		
Location of Well UNIT LETTER <u>G</u> <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>5</u> TOWNSHIP <u>20-S</u> RANGE <u>38-E</u> N.M.P.M.		

15. Elevation (Show whether DF, RT, GR, etc.)
3582 GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PLATFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUSSEQUENT REPORT OF:

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

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.

Spudded well 9 December 81. Drilled 12 1/4" hole to 1500'.
Ran 8 5/8" 24# J-55 casing and cemented at 1500' with 450
sk Halliburton Light cement containing 5#/sk gilsonite, 1/4#
1sk flocele and 2% CaCl₂ and 300 sk class c with 2% CaCl₂.
Plug down 7:30 am 11 December 81 and circulated cement. WOC
18 hours and tested casing to 2000 psi.-30mins-ok. Drill
out with 7 7/8" bit.

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

SIGNED [Signature] TITLE Agent DATE 14 December 81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: