

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-7

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator MORRIS R. ANTWELL 3. Address of Operator P. O. Box 2010, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER L 1980 FEET FROM THE South LINE AND 660 FEET FROM West LINE, SECTION 8 TOWNSHIP 20S RANGE 38E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3566' GR	7. Unit Agreement Name --- 8. Farm or Lease Name HERMAN 9. Well No. 4 10. Field and Pool, or Wildcat Undesignated 12. County Lea
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER Perforate, treat & test <input checked="" type="checkbox"/>

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.

TD 7150'; PBTD 7073'. Tested casing to 2000 psi - 30 mins - OK. Perforated Tubbs interval w/single jet shots at 6429, 6432, 6433, 6434, 6435 & 6437' (6 holes). Ran 2-3/8" tbg & set packer at 6370'. Treated perfs w/2000 gals 15% NEFE acid at 4.9 BPM & 3100 psi. Maximum press 5000 psi when balled out. ISIP 2500; 15 min SIP 2300. Recovered load. Swabbed .4 BO and 1.6 BW per hour. Fracture acidized with 3000 gallons gelled water pad, 4500 gals 28% NEFE acid & 2500 gals gelled water overflush. Treated at 10.5 BPM & 5700 psi. Max press 6000; ISIP 2740; 15 min SIP 2640. Swabbed load back. Swab tested .9 BO & .1 BW per hour. Ran rods & pump. WO pumping unit.

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

SIGNED Jerry Sexton TITLE Agent DATE 16 Sept 82
ORIGINAL SIGNED BY
JERRY SEXTON
APPROVED BY DISTRICT 1 SUPR. TITLE _____ DATE SEP 20 1982
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 17 1982

O.C.D.
HOBBS OFFICE