

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI
(Other instruction. on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-021796

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
2. NAME OF OPERATOR MORRIS R. ANTWEIL	7. UNIT AGREEMENT NAME -----
3. ADDRESS OF OPERATOR P. O. Box 2010 Hobbs, NM 88240	8. FARM OR LEASE NAME Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL & 1650' FWL Sec. 24-T25S-R36E	9. WELL NO. 1
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Jalmat
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3098' DF	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T25S-R36E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

TD 3296' PBTD 3180' Perfs 3048'-3164'. Fracture treated with 30,000 gals. 50-50 gel and CO₂ and 60,000# sand. Treated @ 20 b/m w/3100 psi. Maximum Pressure 3700 psi. ISIP 1210 psi, 15-min SIP 970 psi. Flowed back load for two days. Ran pump. Pumping back load. Total load to recover - 572 bbls.

18. I hereby certify that the foregoing is true and correct

SIGNED

Agent

DATE 21 July 81

(This space for Federal or State office use)

APPROVED

APPROVED BY (Off. Sgd.) PETER W. CHESTER

CONDITIONS OF APPROVAL IF ANY:

JUL 23 1981

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side