Form	9-331
/Mn#	19621

## UN'TO STATES DEPARTMEN. OF THE INTERIOR (Other Interior Person Bide)

		TRIPL	TE
(Other 1	nstr	uctions	re

Form approved. Budget Bureau No. 42-R1424.

LEASE	DESIGNATION	AND	SERIAL	N
			-	

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Lea

LOGICAL SURVEY	NM-11768

SUNDRY NOTICES	AND	<b>REPORTS</b>	ON	WELLS	
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3128' GR

	(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. 01 W	IL X GAS OTHER	7. UNIT AGREEMENT NAME
	AME OF OPERATOR  MOTTIS R. Antweil	8. FARM OR LEASE NAME Federal *76"
-	BOX 2010, Hobbs, New Mexico 88240	9. WELL NO.
4. Lo	OCATION OF WELL (Report location clearly and in accordance with any State requirements.* ee also space 17 below.) t surface	10. FIELD AND POOL, OR WILDCAT Langlie-Mattix
1	.980' FSL & 330' FEL Sec.9-T25S-R37E	11. SEC., T., B., M., OE BLE. AND SURVEY OR ARHA Sec. 9-T25S-R37E
14. P	ERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH   13. STATE

16.

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:	٠.	
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT X ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING Y 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.)\*

PBTD 3590'. Perforated 5-1/2" casing: 3449'-50', 3471'-79', 3482'-89', 3494'- 95', 3502' - 10', 3550'-51', 3555' - 60', 3562'-64', 3569'-71', and 3581' - 83' (47 holes.) Treated with 1500 gals MCA acid, using ball sealers at 4 b/m W/1700 psi. ISIP 500 psi. 5-min SIP 200 psi. back load. Fracture treated with 30,000 gals. gelled water and 40,000# sand using rock salt and benzoilic acid flakes for diverting agent. Rate 25 b/m. Max. Pressure 2300 psi. ISIP 900 psi. 15-min SIP 500 psi. Swabbed back 350 bbls. load water. Prep to set pumping unit.

Agent 19 April 76 (This space for Federal or State office use) APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: \*See Instructions on Reverse SideOEBS, NEW MEXIC

SEE 27 6078

A COMPRENSATION COMM.