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

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-1327

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name -----
2. Name of Operator MORRIS R. ANTWEIL	8. Farm or Lease Name Eagle
3. Address of Operator P. O. Box 2010 Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER J, 2310 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 25-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Jalmat
15. Elevation (Show whether DF, RT, GR, etc.) 2981' GR	12. County Lea

13. 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 ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Treatment ☐
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.

TD 2966'. PBTD 2830'. Perfs 2763'-2822' (18 holes)
Treated perfs with 2500 gallons condensate with 38 gallons
Hyflo emulsion breaker. Treated at 4.3 BPM with 1330 psi average.
Dropped 5 ball sealers after each 300 gallons and balled off.
ISIP 800 psi, 5-min SIP 200 psi, 6-min SIP 0. Shut in 24 hours
and flow back. Flowing 430 MCFD, 7.3 BO & 4.4 BW with 60 psi FTP.

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

SIGNED Jerry Heller TITLE Agent DATE 24 Nov 81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: