UI TED STATES DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY P.	O. BOX 1980 OBBS, NEW MEXICO 88	3240 LC-032579		
SUNDRY NOTICES AND REPORTS C (Do not use this form for proposals to drill or to deepen or plug b Use "APPLICATION FOR PERMIT—" for such pr	N WELLS	6. IF INDIAN, ALLOTTEE O	R TRIBE NAME	
1.	oposais.)	7. UNIT AGREEMENT NAME	,	
OIL GAS				
WELL _A WELL _ OTHER 2. NAME OF OPERATOR		8. FARM OR LEASE NAME	•	
MORRIS R. ANTWEIL		Union Federal	Union Federal	
. ADDRESS OF OPERATOR		9. WELL NO.	9. WELL NO.	
P. O. Box 2010, Hobbs, New Mexico 88240		1	1	
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 		10. FIELD AND POOL, OR V	10. FIELD AND POOL, OR WILDCAT	
		Langlie Mattix-	Langlie Mattix-7R,Q-Gb	
		11. SEC., T., R., M., OR BLK SURVEY OR AREA	. AND	
	,			
1980' FNL & 330' FEL of Section 27		Sec 27-T25S-R37I		
14. PERMIT NO. 15. ELEVATIONS (Show whether DF,	·	12. COUNTY OR PARISH 1		
3031.	4 GR	Lea	_ NM	
16. Check Appropriate Box To Indicate N	ature of Notice, Report, o	r Other Data		
NOTICE OF INTENTION TO:	subs	EQUENT REPORT OF:	11 1 L	
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WEI	L	
FRACTURE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT	X ALTERING CASI		
SHOOT OR ACIDIZE ABANDON*	- SHOOTING OR ACIDIZING	X ABANDONMENT*	· · · <u> </u>	
REPAIR WELL CHANGE PLANS	(Other) Casing Test X (Note: Report results of multiple completion on Well			
(Other)	Completion or Reco	mpletion Report and Log form.)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent proposed work. If well is directionally drilled, give subsurface location nent to this work.) *	details, and give pertinent da	tes, including estimated date o tical depths for all markers a	f starting any ad zones perti-	
29 Jan 82 - Test casing to 2000 psi - 30 m jet shots @ 3217', 3218', 3222', 3223', 32 3261', 3263', 3266', 3272', 3274', 3276', 3310' & 3311' (26 holes). Ran 2-3/8" tbg gallons acid & 50 ball sealers. Broke @ 2 average. Had good ball action. Max Press Swbd back load w/no show. Fractured w/20, 20/40 sd & 41000# 12/20 sd in two stages. psi. ISIP 750 psi; 15 min SIP 500 psi. S 110 bbls fluid back. Swbd 8 BO & 24 Bbls	27', 3229', 3237', 3282', 3284', 3287' & packer and set @ 300 psi. Treated @ ure 3600 psi; ISIP 000 gallons of 50/5 Treated @ 20 BPM @ I one hour & flwd b	3238', 3244', 3246', 3289', 3292', 32 3165'. Treated w, 2 6.2 BPM & 1800 ps 300 psi; 5 min SIF 50 gelled wtr/CO ₂ & 2 average pressure back load. Flowed	5', 3248' 294', 330 /3500 si ? vacuum. & 4000# of 1960 approx	
	TO TE	尼至亚亚斯 18 1932		
18. I hereby certify that the foregoing is true and correct		CILLA CAS TIME!	·	
SIGNED July Willes TITLE	Agent	DATE 10 Jan	82	
(This space for Federal or State office use) ACCEPTED FOR RECORD APPROVED BY A CHAPMAN TITLE CONDITIONS OF APPROVAL, IF MAY:		DATE		

*See Instructions on Reverse Side

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