

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL
OIL WELL ☒ GAS WELL ☒ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

2. NAME OF OPERATOR
Doyle Hartman

3. ADDRESS OF OPERATOR
312 C & K Petroleum Bldg. Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
At surface
330 FNL & 330 FEL Section 8
At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
3 miles N.E. of Jal, New Mexico

15. DISTANCE FROM PROPOSED*
LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any) 330

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT. 467

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3199 G.L.

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
15	12 3/4	33	30	15
11	8 5/8	28	400	180
7 7/8	4 1/2	10.5	3350	1350

A 10 3/4 2000 psi rotating head will be used while drilling the surface hole. Before drilling out from under the surface pipe, the well will be equipped with a 3000-psi 10-inch series 900 double-ram hydraulic blowout preventer.

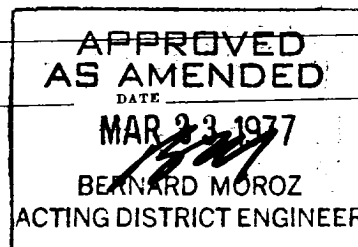
NOTE: For other necessary data required with the APD, see the attached Drilling Prognosis.

Unless Drilling Operations have
Commenced, this drilling approval
Expires 12-23-77 **SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED Doyle Hartman TITLE Operator-Part Owner DATE 1/21/77
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



COMMUNICATIONS SECTION
U.S. AIR FORCE
OFFICE OF THE SECRETARY
WASHINGTON, D.C.

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