

Before the OCD
Case 13336
OCD Ex. 6

SE 6409 - Cancel allow off 2-1-92
SE # 4089
NSP-1018 160 ac. 7/21/4 Sec. 2 3/29/76

REINFORCED
"TUFFEAR"
FOLDER
TO RE-ORDER SPECIFY
No. 32 1/2 FOLDER
MADE IN U. S. A.

00010 7466

NOTICE OF ASSIGNMENT OF ALLOWABLE TO A GAS WELL

The operator of the following well has complied with all the requirements of the Oil Conservation Division and the well is hereby assigned an allowable as shown below.

Date of Connection _____ Date of First Allowable or Allowable Change 2-1-92
Purchaser El Paso Natural Gas Pool Jalmat
Operator Bernard Lankford Jr. Lease Spear State
Well No. #1 Unit Letter F Sec. 2 Twn. 26 S Rge. 37 E
Dedicated Acreage 160 Revised Acreage 0 Difference -160
Acreage Factor 1.00 Revised Acreage Factor 0 Difference -1.00
Deliverability _____ Revised Deliverability _____ Difference _____
A x D Factor _____ Revised A x D Factor _____ Difference _____

REMOVE FROM GAS PRORATION SCHEDULE
FAILED TO FILE GOR TEST.

OCD Dist. No. I

CALCULATION OF SUPPLEMENTAL ALLOWABLE

Previous Status Adjustments.....

MO.	PREV. ALLOW.	REV. ALLOW.	PREV. PRCD.	REV. PRCD.	REMARKS
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					
Jan					
Feb					
Mar					

TOTALS

Allowable Production Difference.....

Schedule O/U Status.....

Revised _____ O/U Status.....

Effective In _____ Schedule
Current Classification _____ To _____

Note: All gas volumes are in MCF@15.025 psia.

William J. LeMay, Division Director

By _____

NO. BY COPIES RECEIVED	
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TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

**MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

Operator
B. Bernard Lankford

Address
P. O. Box 238, Midland, Texas 79702

Reason(s) for filing (check proper box)

New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>	Other (Please explain) Amended to change operating name to correspond with plugging bond.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Coalinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in operator <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Spear State	Well No. 1	Pool Name, including Formation Jalmar	Kind of Lease State, Federal or Fee State	Lease No. K-5366
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West				
Line of Section 2 Township 26-S Range 37-E NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Coalinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	Box 1384 Jal. New Mexico 88252
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil - able for this depth or be for full 24 hours)

Date First New Oil Ran To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Check Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Check Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

B. Bernard Lankford
(Signature)
Consulting Engineer, OWNER
(Title)
August 18, 1978
(Date)

OIL CONSERVATION COMMISSION

AUG 21 1978
APPROVED *Jerry Straton*, 19
BY *Dale L. Suppe*
TITLE

This form is to be filed in compliance with RULE 1164.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the depth tests taken on the well.
All sections of this form must be filled out completely for allowable on newly drilled or deepened wells.
Fill out only Sections I, II, III, and VI for change of operator, well name or number, or transporter or other such change of condition.

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

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TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

1.

* CORRECTED COPY

Operator B. Bernard Lankford, Jr.	
Address P.O. BOX 238, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
* Amended to correct Pool Name and give Operators complete name.	
If change of ownership give name and address of previous owner: Boyle Hartman - 512 Midland National Bank Bldg, Midland, Texas	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Spear State	Well No. 1	Pool Name, including Formation LUMBERT (Gas)	Kind of Lease State, Federal or Fee State	Lease No. K-7306
Location				
Unit Letter F ; 1980 Feet From The NORTH Line and 1980 Feet From The West				
Line of Section 2 Township 24-S Range 37-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	BOX 1384, Dallas, Texas 75202
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <input checked="" type="checkbox"/> When
	Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (OF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

B. Bernard Lankford, Jr.
(Signature)
Consulting Engineer -- OWNER
(Title)
3/23/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED **27 1977**, 19
Orly Signed by
BY **Jerry Sexton**
Dist 1, Supv.

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the available tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and deepened wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

RECEIVED

MAR 30 1977

OIL CONSERVATION COMM.
4088S. N. M.

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TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-114
Effective 1-1-65

Operator Bernard Lankford	
Address P.O. Box 238 - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Operator

If change of ownership give name and address of previous owner **Doyle Hartman - 312 Midland National Bank Bldg. - Midland, Texas**

DESCRIPTION OF WELL AND LEASE

Lease Name Spear State	Well No. 1	Pool Name, including Formation Jalmat Yates	Kind of Lease State, Federal or Fee State	Lease No. K-5366
Location				
Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West				
Line of Section 2 Township 26-S Range 37-E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	Box 1384 Jal. New Mexico 88252
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

B. Bernard Lankford
(Signature)
Consulting Engineer
(Title)
6-25-76
(Date)

OIL CONSERVATION COMMISSION

JUN 8 1976
APPROVED _____, 19____
BY Jerry Serran
Dist. 1, Supv.
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the revised tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

RECEIVED

JUN 28 1976

OIL CONSERVATION COMM.
HOBBES, D. M.

9

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-85

SALE		
FIELD		
U.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Doyle Hartman
Address
312 Midland National Bank; Midland, Texas 79701
Reason(s) for filing (check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. P-5143

II. DESCRIPTION OF WELL AND LEASE

Lease Name Spear State	Well No. 1	Pool Name, including Formation Jalmat	Kind of Lease State, Federal or Fee	State State	Lease No. K-5366
Location Unit Letter <u>F</u> : 1980 Feet From The <u>North</u> Line and 1980 Feet From The <u>West</u> Line of Section <u>2</u> Township <u>26S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When
		No November 1, 1975

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X				
Date Spudded 2-4-75	Date Compl. Ready to Prod. 4-3-75	Total Depth 3650	P.B.T.D. 3010					
Elevations (DF, RKB, RT, GR, etc.) 3013 G. L.	Name of Producing Formation Yates	Top Oil/Gas Pay 2661	Tubing Depth 2960					
Perforations 2661 - 2931 W/13 holes			Depth Casing Shoe 3650					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
8 3/4	7"	304	65 SX					
6 1/8	4 1/2"	3650	250 SX					
	2 3/8"	2960						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Tests must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 84	Length of Test 4 hours	Bble. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) back press	Tubing Pressure (Shut-in) 545	Casing Pressure (Shut-in) 545	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Doyle Hartman
(Signature)

Operator - Part Owner

10-15-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 6 1976
BY [Signature]
TITLE SUPERVISOR DISTRICT 4

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

DATE April 1 19 76

ADVICE ON WELLS TIED INTO GAS GATHERING SYSTEMS

Name of Producer Doyle Hartman (4877)

Well Name and Number Spear State #1

Location 1980'N, 1980'W, Sec. 2, T-26-S, R-37-E, Lea Co., NM

Pool Name Jalmat

Producing Formation Yates

Top of Gas Pay 2661

Oil or Gas Well Gas

Gas Unit Allocation 1.00

Date Tied Into Gathering Systems November 11, 1975

Date of First Delivery December 11, 1975

Gas Gathering System Lea County Low Pressure Gathering System

Processed through Gasoline Plant (yes or no) Yes

Station Number 64-034-01

Remarks: Well was not produced when tied in due to awaiting O.C.C. approval

By: Mavis R. Elliott , Dispatching

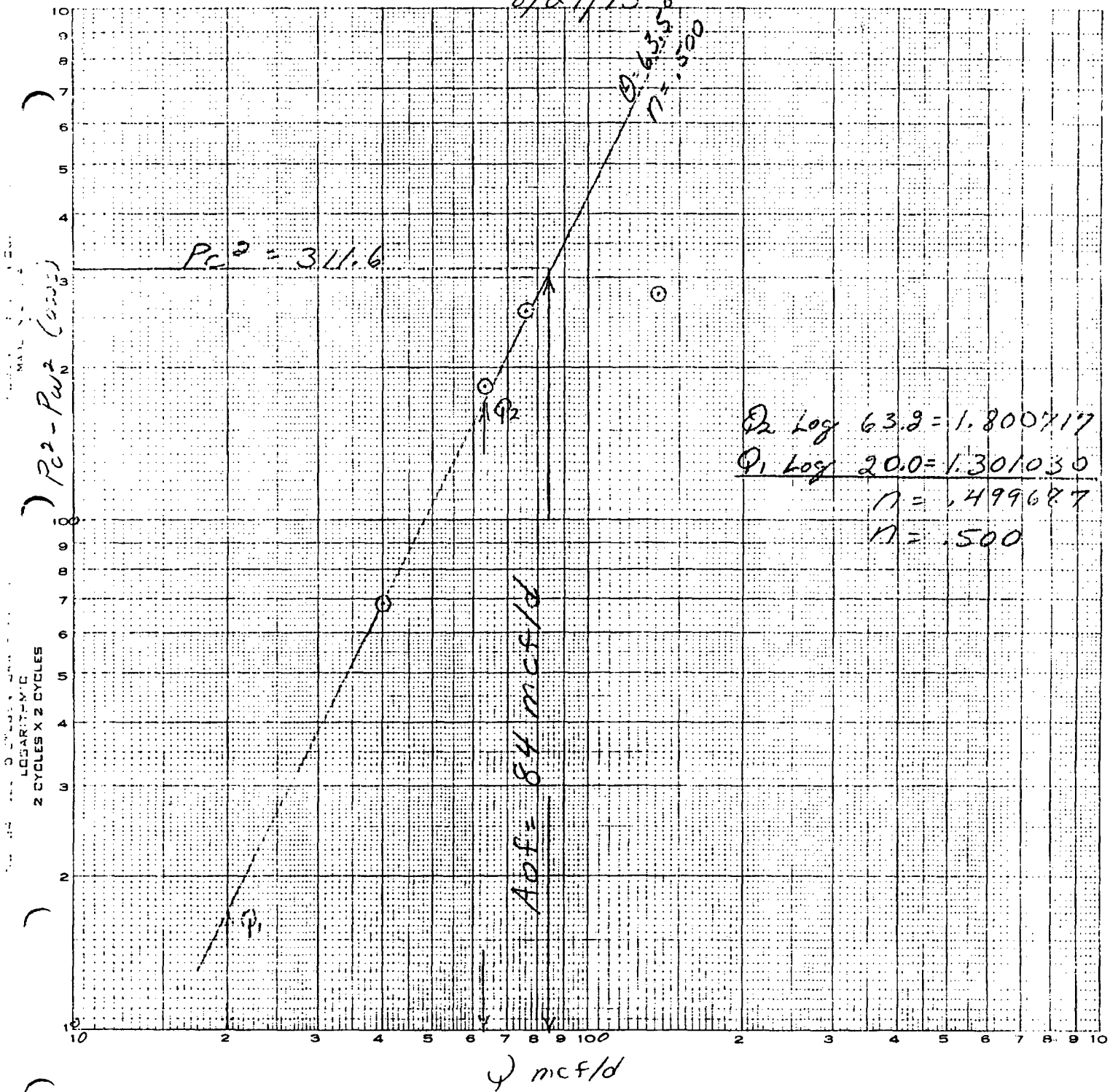
NEW MEXICO OIL CONSERVATION COMMISSION
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form G-122
 Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special		Test Date 8-29-75																																																																																															
Company Doyle Hartman		Connection None																																																																																															
Pool Jalmat		Formation Yates																																																																																															
Completion Date 4 3 75		Total Depth 3650	Plug Back To 3010																																																																																														
Elevation 2913 g1		Form or Lease Name Spear St.																																																																																															
Csq. Size 4 1/2	Wt. 10.5	Set At 3650	Performations: From 2661 To 2931																																																																																														
Tbg. Size 2 3/8	Wt. 4.7	Set At 2930	Performations: From Open To end																																																																																														
Type Well - Single - Bradenhead - G.G. or G.O. Multiple Single		Packer Set At None	Well No. #1																																																																																														
Producing Thru TBG *	Reservoir Temp. °F 85 @ 2700	Mean Annual Temp. °F	Baro. Press. - P _a State N.M.																																																																																														
L 27%	H 27%	Gg .650	% CO ₂ % N ₂ % H ₂ S Prover 2"																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="6">FLOW DATA</th> <th colspan="2">TUBING DATA</th> <th colspan="2">CASING DATA</th> <th rowspan="2">Duration of Flow</th> </tr> <tr> <th>NO.</th> <th>Prover Line Size</th> <th>X</th> <th>Orifice Size</th> <th>Press. p.s.i.g.</th> <th>Diff. h_w</th> <th>Temp. °F</th> <th>Press. p.s.i.g.</th> <th>Temp. °F</th> <th>Press. p.s.i.g.</th> <th>Temp. °F</th> </tr> <tr> <td>SI</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>545</td> <td></td> <td>545</td> <td></td> <td>72 Hr.</td> </tr> <tr> <td>1.</td> <td>2 x 1/16</td> <td></td> <td></td> <td>480</td> <td></td> <td>82</td> <td>480</td> <td></td> <td>480</td> <td></td> <td>1 Hr.</td> </tr> <tr> <td>2.</td> <td>2 x 3/32</td> <td></td> <td></td> <td>344</td> <td></td> <td>78</td> <td>400</td> <td></td> <td>344</td> <td></td> <td>1 Hr.</td> </tr> <tr> <td>3.</td> <td>2 x 1/8</td> <td></td> <td></td> <td>220</td> <td></td> <td>84</td> <td>340</td> <td></td> <td>220</td> <td></td> <td>1 Hr.</td> </tr> <tr> <td>4.</td> <td>2 x 3/16</td> <td></td> <td></td> <td>170</td> <td></td> <td>87</td> <td>320</td> <td></td> <td>170</td> <td></td> <td>1 Hr.</td> </tr> <tr> <td>5.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow	NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	SI							545		545		72 Hr.	1.	2 x 1/16			480		82	480		480		1 Hr.	2.	2 x 3/32			344		78	400		344		1 Hr.	3.	2 x 1/8			220		84	340		220		1 Hr.	4.	2 x 3/16			170		87	320		170		1 Hr.	5.											
FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow																																																																																							
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.		Temp. °F																																																																																						
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2.	2 x 3/32			344		78	400		344		1 Hr.																																																																																						
3.	2 x 1/8			220		84	340		220		1 Hr.																																																																																						
4.	2 x 3/16			170		87	320		170		1 Hr.																																																																																						
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Absolute Open Flow 84 Mcfd @ 15.025 Angle of Slope @ 63.5 Slope, n .500																																																																																																	
Remarks: No fluid made during test. * Well tested through casing. P _w calculated from flowing casing pressure due to fluid in the tubing.																																																																																																	
Approved By Commission: <i>John W. Ramsey</i>		Conducted By: Rick Pagan		Calculated By: Rick Pagan		Checked By:																																																																																											

Doyle Kirtman
 Spear Se. #1 (Yates)
 F 2-26-37 Lea Co.
 Aof 84 mcf/d $n=.500$

8/29/75
 $Q_2 = 63.9$
 $n = .500$



$$Q_2 \text{ Log } 63.9 = 1.800717$$

$$Q_1 \text{ Log } 20.0 = 1.301030$$

$$n = .499687$$

$$n = .500$$

Aof: 84 mcf/d

WORKSHEET FOR CALCULATION OF ST. C COLUMN WELLHEAD PRESSURE (Pw)

G-122D
Revised 9-1-65

COMPANY Doyle Hartman LEASE Spinn 2+ WELL NO. 2-1 DATE 8/29/75

LOCATION: Unit F Section 2 Township 26 Range 37

L 2796 H 2796 LH 1.000 G 1650 %CO₂ _____ %N₂ _____ %H₂S _____

d _____ F_r 0.0061251 GH 1817 P_{cr} 670 T_{cr} 375

TABLE 11 & 2

LINE	156	g	156	2nd	156	2nd	156	2nd	156	2nd	156	2nd
1 Q _m	.040	.040	.063	.063	.076	.076	.137	.137	.137	.137	.137	.137
2 T _w (W.H. °R)	534	534	534	534	534	534	534	534	534	534	534	534
3 T _s (B.H. °R)	545	545	545	545	545	545	545	545	545	545	545	545
4 T = ($\frac{T_w + T_s}{2}$)	539.5	539.5	539.5	539.5	539.5	539.5	539.5	539.5	539.5	539.5	539.5	539.5
5 Z (Est.)	.917	.915	.937	.937	.959	.959	.970	.970	.970	.970	.970	.970
6 T _Z	494.7	493.6	505.5	505.5	517.4	517.4	523.3	523.3	523.3	523.3	523.3	523.3
7 GH/TZ	3.673	3.681	3.594	3.594	3.512	3.512	3.472	3.472	3.472	3.472	3.472	3.472
8 e ^s (Table XIV)	1.148	1.148	1.144	1.144	1.141	1.141	1.139	1.139	1.139	1.139	1.139	1.139
9 1-e ^s (Table XIV)	.129	.129	.126	.126	.123	.123	.122	.122	.122	.122	.122	.122
10 P _t	493.2	493.2	357.2	357.2	233.2	233.2	183.2	183.2	183.2	183.2	183.2	183.2
11 P _t ² /1000	243.2	243.2	127.6	127.6	54.4	54.4	33.6	33.6	33.6	33.6	33.6	33.6
12 F _r (Table XV)	.0061251	.0061251	.0061251	.0061251	.0061251	.0061251	.0061251	.0061251	.0061251	.0061251	.0061251	.0061251
13 F _c = F _r T _Z	3.030	3.024	3.096	3.096	3.169	3.169	3.205	3.205	3.205	3.205	3.205	3.205
14 Q _m	.12	.12	.20	.20	.24	.24	.44	.44	.44	.44	.44	.44
15 L/H (F _c Q _m) ²	.015	.015	.038	.038	.057	.057	.193	.193	.193	.193	.193	.193
16 F _w = L/H (F _c Q _m) ² (1-e ^s)	.002	.002	.005	.005	.007	.007	.024	.024	.024	.024	.024	.024
17 P _w ² = P _t ² + F _w	243.2	243.2	127.6	127.6	54.4	54.4	33.6	33.6	33.6	33.6	33.6	33.6
18 P _s ² = e ^s P _w ²	279.2	279.3	146.0	146.0	92.0	92.0	58.1	58.1	58.1	58.1	58.1	58.1
19 P _s	528.4	529.4	382.1	382.1	249.1	249.1	195.6	195.6	195.6	195.6	195.6	195.6
20 P = ($\frac{P_t + P_s}{2}$)	510.8	510.8	269.7	269.7	161.1	161.1	109.4	109.4	109.4	109.4	109.4	109.4
21 P _r = (P/P _{cr})	.76	.76	.55	.55	.36	.36	.28	.28	.28	.28	.28	.28
22 T _r = (T/T _{cr})	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44	1.44

15

DOYLE HARTMAN
SUITE 312 • ~~XXXXXX~~
MIDLAND NATIONAL BANK BUILDING
MIDLAND, TEXAS 79701

OIL & GAS PROPERTIES

February 25, 1976

(915) 684-4011

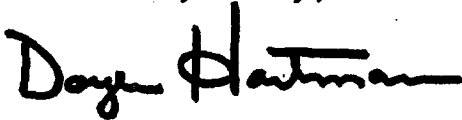
New Mexico Oil Conservation Commission
Box 2088
Santa Fe, New Mexico 87501

Subject: #1 Spear State
Unit F, Section 2, T-26-S, R-37-E
Lea County, New Mexico

Gentlemen:

It is requested that you approve a Non-Standard Pro-
ration Unit covering the northwest quarter of Section
2, T-26-S, R-37-E on which the subject well is located
in Unit F. Waivers from all offset lease owners have
been requested and will be furnished upon receipt.

Yours very truly,



Doyle Hartman

DH/lc

cc: Melba Carpenter
Acting Supervisor, District 1

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NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

Form 105
Revised 1-1-67

For Indicate Type of Completion
Type ☒ [X]
Name of Operator
K5366

1. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> OTHER _____		2. Unit Agreement Name	
3. TYPE OF COMPLETION NEW <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER Re-entry		8. Farm or Lease Name Spears State	
4. Name of Operator Doyle Hartman		9. Well No. 1	
5. Address of Operator 312 Midland National Bank Building; Midland, Texas 79701		10. Field and Pool, or Willing Jalmat	
6. Location of Well UNIT LETTER F LOCATED 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE OF SEC. 2 TWP. 26S RGE. 37E NMPM		12. County Lea	
15. Date Spudded 2-4-75	16. Date T.D. Reached 2-28-75	17. Date Compl. (Ready to Prod.) 4-3-75	18. Elevations (DF, RKB, RT, GR, etc.) 3013 G.L.
20. Total Depth 3650	21. Plug Back T.D. 3010	22. If Multiple Compl., How Many	23. Intervals Drilled By Rotary
24. Producing Interval(s), of this completion - Top, Bottom, Name Yates: 2661 - 2931			25. Was Core Taken? Survey Made No
26. Type Electric and Other Logs Run CNL-FDC, Dual Lateralog, VDCBL - GR - CCL			27. Was Well Cased No
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE
4 1/2	10.5#	3650	6 1/8
7	26#	304	8 3/4
CEMENTING RECORD		AMOUNT PULLED	
250 SX 50-50 Poz		None	
65 SX Incor		None	
29. LINER RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT
TUBING RECORD		PACKER SET	
SIZE	DEPTH SET		
2 3/8	2960	None	
31. Perforation Record (Interval, size and number) One shot (0.45 hole) @ 2931, 2930, 2918, 2920, 2922, 2788, 2780, 2739, 2734, 2707, 2699, 2671, and 2661			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED	
3449-3569		A/1350 SWF 40,000 + 45,000	
2661-2931		A/2000 SWF 40,000 + 50,000	
33. PRODUCTION			
Date First Production 4-4-75		Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing	
Date of Test 8-29-75		Well Status (Prod. or Shut-in) Shut-in	
Hours Tested 4	Choke Size _____	Prod'n. For Test Period _____	Oil - Bbl. _____
Flow Tubing Press. * 320	Casing Pressure 170	Calculated 24-Hour Rate _____	Gas - MCF 13.1
Water - Bbl. _____		Gas - Oil Ratio _____	
Oil Gravity - API (Corr.) _____			
34. Disposition of Gas (Sold, used for fuel, vented, etc.) Vented during test.			Test Witnessed By Bob Murray
35. List of Attachments Well logs previously submitted to commission.			
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.			
SIGNED Doyle Hartman		TITLE Operator-Part Owner DATE 10-13-75	

* Produced through annulus.

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OCT 16 1976

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WASHINGTON, D.C.

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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-5366
7. Unit Agreement Name
8. Farm or Lease Name Spear State
9. Well No. 1
10. Field and Pool, or Wildcat Undesignated
12. County Lea

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Doyle Hartman
3. Address of Operator 312 Midland National Bank Bldg. Midland, Tx.
4. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE South LINE, SECTION 2 TOWNSHIP 26S RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3013 G.L.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Current Status

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 1703.

3/21/75 - Acidized w/2000 gals HCl.

3/24/75 - Treated w/40,000 gelled water and 50,000 # sand.
Avg. treating pressure 2800 psi.

3/25/75 - 4/3/75 - Swabbed and flowed back frac fluid.
Yates SITP = 1000 psi.

4/3/75-Present - Unable to flow Yates gas at commercial volume.
Periodically flow well to test tank to recover additional frac fluid. Will decide in near future to potential well or plug and abandon.

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

SIGNED Doyle Hartman	TITLE Operator	DATE 7-25-75
APPROVED BY	TITLE	DATE

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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C-102 and C-103
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<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</small></p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p> <p>5. State Oil & Gas Lease No. K-5366</p>
<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-</p>		<p>7. Unit Agreement Name</p>
<p>2. Name of Operator Doyle Hartman</p>		<p>8. Farm or Lease Name Spear State</p>
<p>3. Address of Operator 312 Midland National Bank Bldg.</p>		<p>9. Well No. 1</p>
<p>4. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 26S RANGE 37E NMPM.</p>		<p>10. Field and Pool, or Wildcat Undesignated</p>
<p>15. Elevation (Show whether DF, RT, GR, etc.) 3013.3 G.L.</p>		<p>12. County Lea</p>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Recomplete in Yates zone</u> <input checked="" type="checkbox"/>

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.

3/11/75 Perforated Queen-Penrose interval with 17 shots at 3449, 54.5, 64, 65, 66, 3503, 05, 21, 25, 33, 37, 47, 49, 62, 64, 66, and 69.

3/12/75 Acidized with 1350 gal 15% HCL and fraced with 40,000 gal and 45,000# sand.

3/13/75 Tested sulfur water with no show of oil from treated interval.

3/14/75 After receiving verbal approval from Joe Ramey, set C.I.B.P. at 3010 with 38' of cement placed on top. Perforated Yates at 2931, 2930, 2918, 2920, 29.22, 2788, 2780, 2739, 2734, 2707, 2699, 2671, and 2661 with total of 15 holes.

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

SIGNED Doyle Hartman TITLE Operator-Part Owner DATE March 17, 1975

APPROVED BY John W. Runyan TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	K-5366

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

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2. Name of Operator Doyle Hartman	8. Farm or Lease Name Spear State
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PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Ran 111 joints (3650') of 4-1/2" O.D. H-40 10.5# casing. Cemented with 250 sx 15.1#/gal Class C 50-50 poz. Bumped plug at 4:30 P.M., 3/5/75. On 3/6/75, pressure tested casing to 1500 psi. Pressure held O.K.

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

SIGNED Doyle Hartman TITLE Operator-Part Owner DATE March 17, 1975

APPROVED BY John W. Runyan TITLE Geologist DATE

CONDITIONS OF APPROVAL, IF ANY:

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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-5366	

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

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Doyle Hartman		8. Farm or Lease Name Spear State
3. Address of Operator 312 Midland National Bank Bldg. Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>26S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 3013 G.L.		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Originally proposed oil string

4-1/2" O.D., 10.92#/ft, threaded grade-B line pipe w/J-55 8RD LT&C.

Newly proposed oil string

4-1/2" O.D., 10.5#/ft, H-40, 8RD, ST&C oil well casing.

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

SIGNED Doyle Hartman TITLE Operator-Part Owner DATE Feb. 14, 1975

APPROVED BY Joe D. Ramsey TITLE Asst. I, Supv. DATE Feb. 14, 1975

CONDITIONS OF APPROVAL, IF ANY:

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. K-5366	
7. Unit Agreement Name	
8. Farm or Lease Name Spear State	
9. Well No. 1	
10. Field and Pool, or Wildcat Undesignated	
12. County Lea	

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Doyle Hartman
3. Address of Operator 312 Midland National Bank Bldg. Midland, Texas 79701
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>26S</u> RANGE <u>37E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3013 G.L.

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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.

Pulled dry-hole marker and commenced operations at 5:00 P.M., 2/4/75.

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

SIGNED Doyle Hartman TITLE Operator-Part Owner DATE Feb. 14, 1975

Orig. Signed by
Don D. Farney

APPROVED BY Don D. Farney TITLE DATE

CONDITIONS OF APPROVAL, IF ANY

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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-5366	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input checked="" type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name	
2. Name of Operator		9. Well No.	
Doyle Hartman		1	
3. Address of Operator		10. Field and Pool, or Wildcat	
312 Midland National Bank Bldg. Midland, Texas 79701		Undesignated	
4. Location of Well UNIT LETTER <u>F</u> LOCATED <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>2</u> TWP. <u>26S</u> RGE. <u>37E</u> NMPM		12. County	
		Lea	
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
3750'		Penrose	Rotary
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start -
3013 'G.L.	Filed & Approved	Pool Company	Jan. 27, 1975

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP.
* 8-3/4"	7"	20#	293'	65	Surface
6-1/4"	4-1/2"	10.92#	3750'	200	2000

1. Re-enter, drill out cement plugs, and clean out to original total depth of 3000'.
2. Deepen well to new T.D. of 3750'.
3. Run electric logs and perform any other necessary open-hole testing.
4. Run and cement 4-1/2" casing.
5. Perform either a Queen-Penrose oil completion or a Jalmat-Yates gas completion, depending on well data.
(3000 psi double-ram BOP will be used to facilitate blowout protection)

DRILLING COMMENCED,

EXPIRES 5-4-75

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. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Arthur W. Schmidt Title Operator-Part Owners agent Date Jan. 13, 1975

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DATE

CONDITIONS OF APPROVAL, IF ANY:

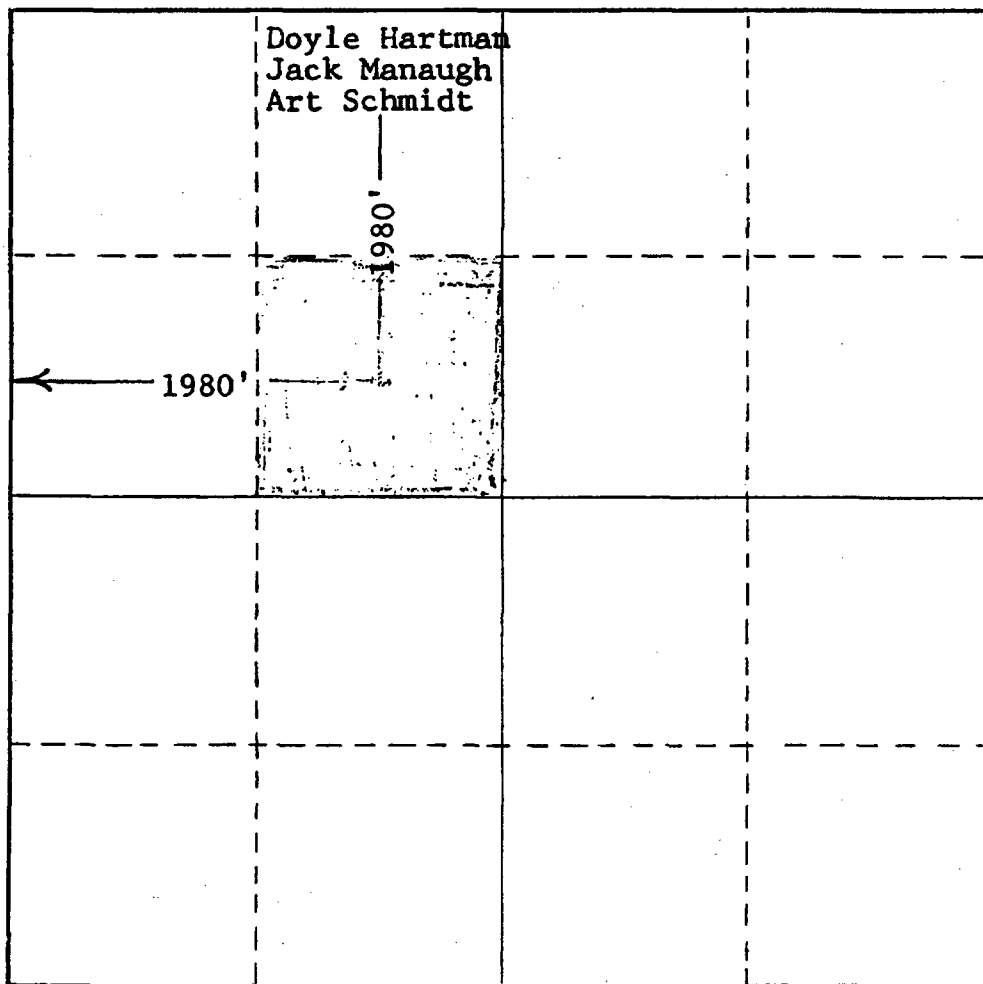
* As filed by John Yuronka on May 6, 1967

NE MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

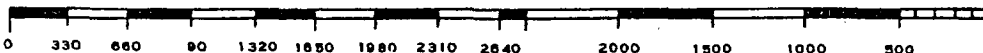
Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator Doyle Hartman			Lease Spear State (K-5366)		Well No. 1
Unit Letter F	Section 2	Township 26S	Range 37E	County Lea	
Actual Tractage Location of Well:					
1980 feet from the North line and		1980 feet from the West line			
Ground Level Elev. 3013.3	Producing Formation Queen-Penrose	Pool Undesignated		Dedicated Acreage: 40 Acres	
<p>1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.</p> <p>2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).</p> <p>3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "yes," type of consolidation _____</p> <p>If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____</p> <p>No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.</p>					



CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
<i>Arthur W. Schmidt Agent</i>	
Name	Doyle Hartman
Position	Part Owner-Operator
Company	Doyle Hartman
Date	Jan. 13, 1975
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.	
Date Surveyed	4-18-67
Registered Professional Engineer and/or Land Surveyor	
*	
Certificate No.	



* Well originally surveyed by John W. West on 4-18-67.

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FEB 1 1975

OIL CONSERVATION COMM.
HOBBS, N. M.

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

MAY 13 1967

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-5366
7. Unit Agreement Name
8. Farm or Lease Name Spear State
9. Well No. 1
10. Field and Pool, or Wildcat Undesignated
12. County Lea

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator John Yuronka
3. Address of Operator 120-C Central Building, Midland, Texas 79701
4. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 26-S RANGE 37-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3023'

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1703.

Cement plugs set as follows:

25 sxs. of Neat at 3000' - Total Depth
 25 " " " " 2600'
 25 " " " " 1090'
 25 " " " " 304' - Base of Surface Csg.
 10 " " " " Surface w/4" Marker
 Drilling mud between plugs.

Operation commenced @ 1 PM 5-6-67. Completed @ 4:30 PM 5-6-67.

Verbal authorization for above work obtained from Hobbs District Office.

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

SIGNED John Yuronka TITLE Part Owner and Operator DATE May 13, 1967

APPROVED BY Leslie A. Clements TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

28

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LAND OFFICE	
OPERATOR	

Form C-105
Revised 1-1-65NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

MAY 15 11 43 AM '67

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-5366	

1a. TYPE OF WELL				7. Unit Agreement Name			
OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>				8. Farm or Lease Name			
b. TYPE OF COMPLETION				Spear State			
NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>				9. Well No.			
2. Name of Operator				1			
John Yuronka				10. Field and Pool, or Wildcat			
3. Address of Operator				Undesignated			
120-C Central Building, Midland, Texas 79701							
4. Location of Well							
UNIT LETTER F LOCATED 1980 FEET FROM THE North LINE AND 1980 FEET FROM				12. County			
THE West LINE OF SEC. 2 TWP. 26-S RGE. 37-E NMPM				Lea			
15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Casinghead			
5-1-67	5-5-67		3023' DF				
20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools		
3000'			→	0 - 3000'			
24. Producing Interval(s), of this completion — Top, Bottom, Name						25. Was Directional Survey Made	
None						No	
26. Type Electric and Other Logs Run						27. Was Well Cored	
Sonic-Gamma Ray, Latrolog & Microlaterolog - TD to 2400'						No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
7"	26	304'	8-3/4"	65 axs. Incor plus 2% Calcium Chloride		-	
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
31. Perforation Record (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED			
33. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping — Size and type pump)				Well Status (Prod. or Shut-in)	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil — Bbl.	Gas — MCF	Water — Bbl.	Gas — Oil Ratio
			→				
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.)	
		→					
34. Disposition of Gas (Sold, used for fuel, vented, etc.)						Test Witnessed By	
35. List of Attachments							
Deviation Tests							
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.							
SIGNED <u>John Yuronka</u>				TITLE <u>Part Owner & Operator</u>		DATE <u>May 15, 1967</u>	

John Yuronka
Spear State Well #1
Unit F
Sec. 2, T-26-S, R-37-E

Deviation Tests

310' - $1\frac{1}{4}^{\circ}$
505' - $1\frac{1}{2}^{\circ}$
995' - 1°
1695' - $3\frac{3}{4}^{\circ}$
2150' - $1-1\frac{1}{2}^{\circ}$
2625' - $2-1\frac{1}{2}^{\circ}$
3000' - $2-1\frac{1}{4}^{\circ}$

John Yuronka
John Yuronka

(COUNTY OF MIDLAND)

(STATE OF TEXAS)

The foregoing was acknowledged before me this 19th day of May, 1967.

My Commission Expires:

June 1, 1967

Nana B. Raper
NOTARY PUBLIC

31

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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

MAY 9 1 04 PM '67

Form C-103
Supersedes Old
C-102 and C-103
Effective 4-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-5366
7. Unit Agreement Name
8. Farm or Lease Name Spear State
9. Well No. 1
10. Field and Pool, or Wildcat Undesignated
12. County Lea

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-
2. Name of Operator John Yuronka
3. Address of Operator 120-C Central Building, Midland, Texas 79701
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 26-S RANGE 37-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3023'

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	

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.

Spudded 8 PM on 5-1-67.

Ran 11 jts. 7" 20# J-55 casing - 293' - set at 304'. Cemented with 65 sacks of Incon plus 2% Calcium Chloride. Plug down at 2:30 AM 5-2-67. Circulated.

Tested casing and cement prior to drilling out with 600# for 30 minutes. Held OK.

Above operation performed 12 hours after plug pumped down.

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

SIGNED John Yuronka TITLE Part Owner and Operator DATE May 6, 1967

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

APR 25 11 39 AM '67

32

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. K-5366

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator John Yuronka		8. Farm or Lease Name Spear State
3. Address of Operator 120-C Central Building, Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER F LOCATED 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE OF SEC. 2 TWP. 26-S RGE. 37-E NMPM		10. Field and Pool, or Wildcat UNDESIGNATED
		12. County Lea
		19. Proposed Depth 3000'
		19A. Formation Yates & 7 Rivers
		20. Rotary or C.T. Rotary
21. Elevations (Show whether DP, RT, etc.) 3013 G.L.	21A. Kind & Status Plug, Bond Filed & Approved	21B. Drilling Contractor Capitan Drilling Co.
		22. Approx. Date Work will start May 5, 1967

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	24#	300'	250	Circulated
6-3/4"	4-1/2"	9.5#	3000'	200	2000'

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. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed John Yuronka Title Part Owner and Operator Date April 25, 1967
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

7-2662

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT
INDUSTRY CODE NO. C. C.
All distances must be from the outer boundaries of the Section.

Form C-102
Supersedes C-128
Effective 1-1-65

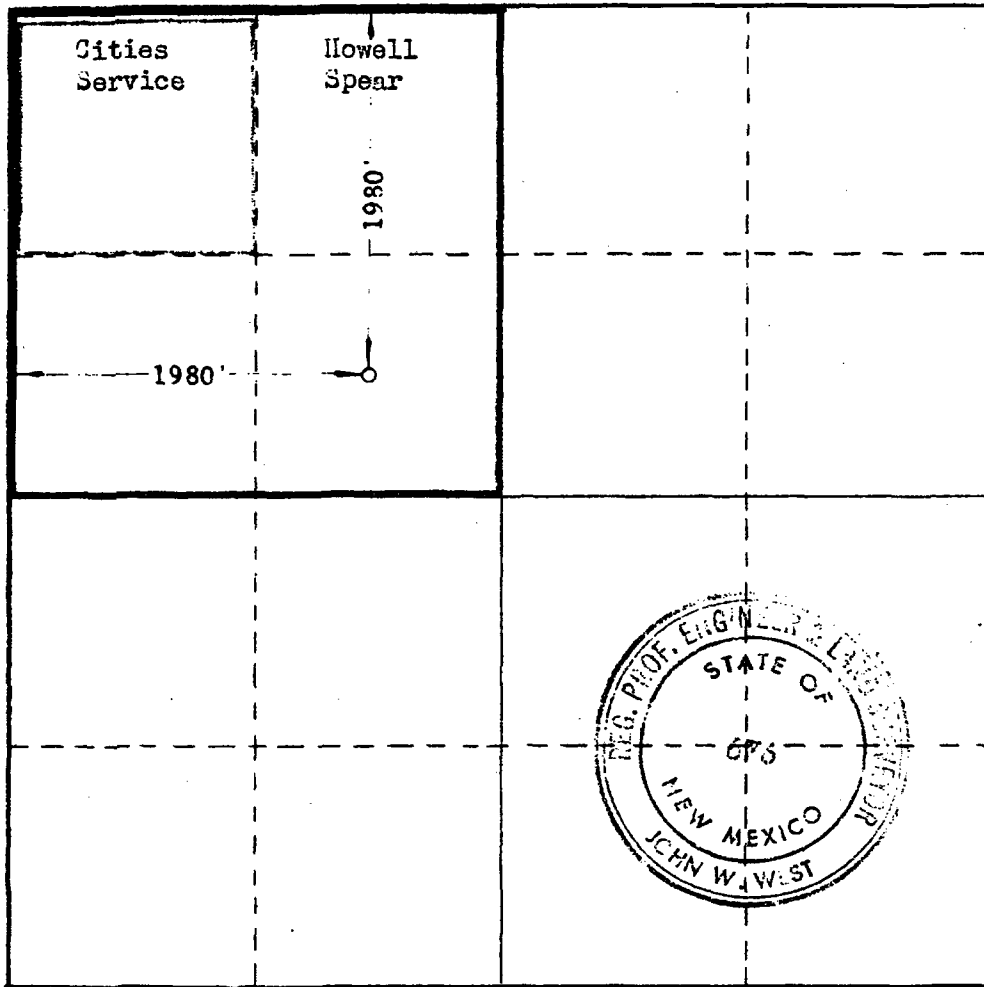
Operator JOHN YURONKA			Lease APR 26 11 40 AM '67		Well No. 1
Plot Letter F	Section 2	Township 26 SOUTH	Range 37 EAST	County LEA	
Actual Footage Location of Well: 1980 feet from the NORTH line and 1980 feet from the WEST line					
Grid and Level Elev. 3013.3	Producing Formation Yates & Seven Rivers		Pool Jalmat	Dedicated Acreage: 160 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☒ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) (Over)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name John Yuronka
Position Part Owner & Operator

Company John Yuronka

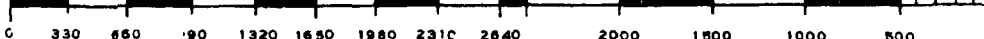
Date April 25, 1967

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed 4/18/67

Registered Professional Engineer and/or Land Surveyor

John W West
Certificate No. **676**



Farm-out assignment is to be obtained from Cities Service on the NE/4 NW/4 and from Howell Spear on the S/2 NW/4 and NE/4 NW/4. If a producer is obtained, a communitization agreement will be filed.

173

173

35

OIL CONSERVATION COMMISSION

BOX 1980

HOBBS, NEW MEXICO

NOTICE OF GAS CONNECTION

DATE November 11, 1975

This is to notify the Oil Conservation Commission that connection for the purchase of gas from the D. B. Baxter

Operator

Spear State #1 F

Lea

2-26-37

Lease, Well No. and Unit

County

S-T-R

Jalmat

El Paso Natural Gas Co.

Pool

Name of Purchaser

was made on November 11, 1975
Date

El Paso Natural Gas Co.

Purchaser

Francis L. Elliott
Representative

Gas Production Status Analyst

Title

TRE: b1

cc: To Operator
Oil Conservation Commission - Santa Fe

Proration
T. J. Crutchfield
H. P. Logan
File

OIL CONSERVATION COMMISSION
DISTRICT

OIL CONSERVATION COMMISSION
 BOX 2088
 SANTA FE, NEW MEXICO

DATE 3/10/76

RE: Proposed MC _____
 Proposed DHC _____
 Proposed NSL _____
 Proposed SWD _____
 Proposed WFX _____
 Proposed PMX _____

NSP X

Gentlemen:

I have examined the application dated _____
 for the Boyle Hartman Spear State #1-F 226-37
 Operator Lease and Well No. Unit, S-T-R

and my recommendations are as follows:

OK

Yours very truly,

COUNTY	SEA	FIELD	Langlie Mattix	STATE	NM
OPR	HARTMAN, DOYLE	API	MN 22098		
NO	1	LEASE	Spear State	SERIAL	10-4-21 NM
	Sec 2, T-26-S, R-37-E	MAP			
	1980' FNL, 1980' FWL of Sec	CO-ORD			
	3 mi NE/Jal	ELEV	SPR		L.B.
Reg-	2-5-75	Reg-	8-29-75	WELL CLASS:	INT. DD
CSO		CSO		FIN	DC

7" at 304' w/65 sx
4 1/2" at 3650' w/250 sx

WELL CLASS: INT.		DD		FIN		DG	
FORMATION		DATUM		FORMATION		DATUM	
TD	3650' (PNRS)			PBD	3010'		

IP (Yates) Perfs 2661-2931; CAOF 84 MCFGPD. GOR Dry; Grav
(Gas) .650; SEWHF 545#

CONTR OPR'S ELEV 3016' DF PD 3750' RT

F.R. 2-10-75 OWDD
(Penrose)
(Orig. Yuronka, John, D&A 5-6-67, OTD 3000')
3-19-75 TD 3650'; PBD 3010'; SI
Deepened from 3000' to 3650'
Ran 4 1/2" csg
Perf (Penrose) 3448-3570' w/17 shots (overall)
Frac (3448-3570') 40,000 gals wtr + 40,000# sd
Swbd sulf wtr (3448-3570')
BP @ 3010'
Perf (Yates) 2661-2931' w/15 shots (overall)
3-26-75 TD 3650'; PBD 3010'; Swbg Ld
Frac (2661-2931') 40,000 gals + 55,000# sd
4-21-75 TD 3650'; PBD 3010'; Swbg Ld

10-4-21 NM

LEA
HARTMAN, DOYLE

Langlie Mattix
1 Spear State
Sec 2, T26S, R37E

NM
Page #2

5-3-75	TD 3650'; PBD 3010'; SI
6-30-75	TD 3650'; PBD 3010'; Tstg
9-8-75	TD 3650'; PBD 3000'; SI
	CAOF 84 MCFGPD (2661-2931')
9-22-75	TD 3650'; PBD 3010'; SI
10-20-75	TD 3650'; PBD 3010'; Complete
	<u>(Yates) FOUR POINT GAUGES:</u>
	Flwd 40 MCFGPD, 1/16" chk, 60 mins, TP 480#
	Flwd 63 MCFGPD, 3/32" chk, 60 mins, TP 344#
	Flwd 76 MCFGPD, 1/8" chk, 60 mins, TP 220#
	Flwd 137 MCFGPD, 3/16" chk, 60 mins, TP 170#
	LOG TOPS: Queen 3310', Penrose 3470'
10-25-75	COMPLETION ISSUED

10-4-21 NM

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COUNTY <u>LEA</u>		FIELD <u>Langlie-Mattix</u>		STATE <u>NM</u>	
OPR <u>YURONKA, JOHN</u>		MAP			
<u>1 Spear-State</u>					
Sec. 2, T-26-S, R-37-E				CO-ORD	
<u>1980' FNL, 1980' FWL of Sec.</u>				<u>30-025-22098</u>	
<u>Spd 5-1-67</u>		CLASS		EL [REDACTED]	
<u>Cmp 5-6-67</u>		FORMATION	DATUM	FORMATION	DATUM
CSG & SX - TUBING 7" 304' 65					
LOGS EL GR RA IND HC A					
		TD 3000'			
PLUGGED & ABANDONED					

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CONT. <u>Capitan Drilg. Co.</u>	PROP DEPTH <u>3000'</u>	TYPE <u>RT</u>
DATE		

F.R. 5-4-67
 PD 3000' - Yates-7R
 Contr. - Capitan
 5-8-67 TD 3000', PLUGGED & ABANDONED
 No cores or tests
 LOG TOPS: Yates 2650', Seven Rivers 2950'.

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

40
Form O-102
Revised 6-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

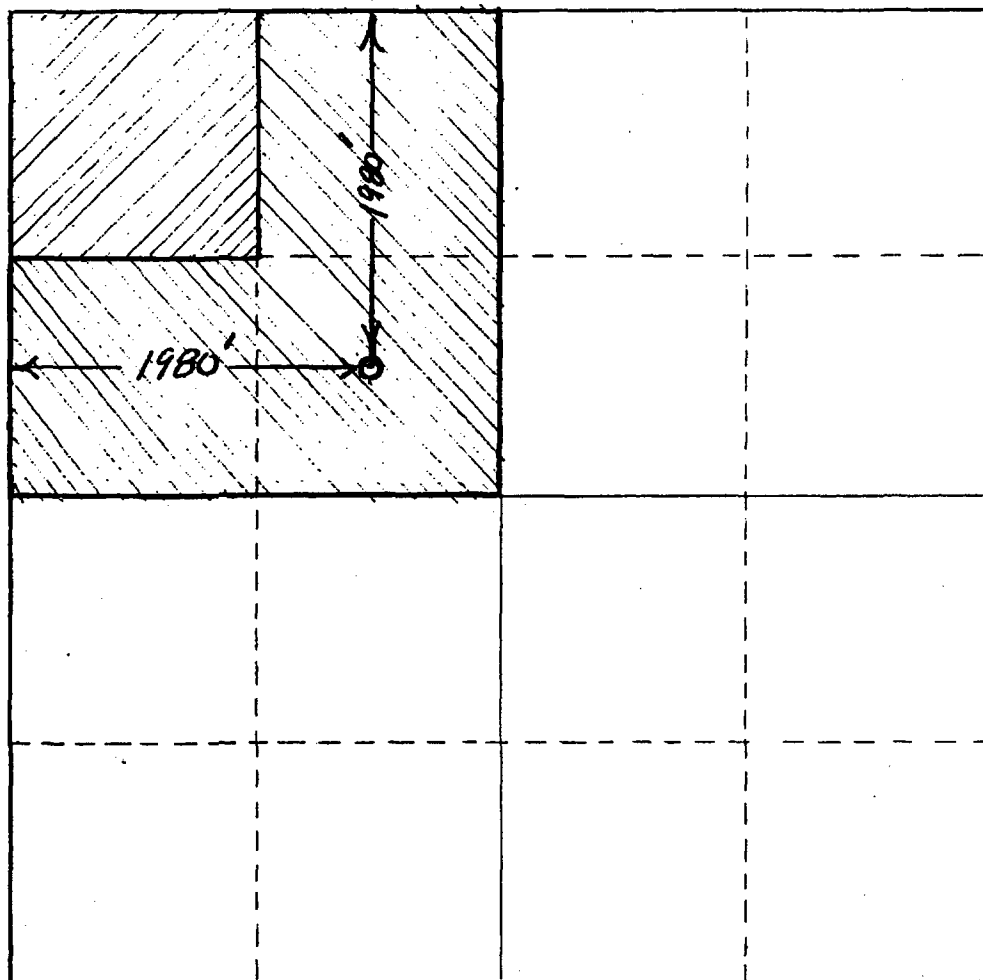
Operator Doyle Hartman			Lease Spear State			Well No. 1		
Unit Letter F	Section 2	Township 26S	Range 37E	County Lea				
Actual Location of Well: <div style="display: flex; justify-content: space-between;"> 1980 feet from the North line and 1980 feet from the West line </div>								
Ground Level Elev. 3013 GL	Producing Formation Yates		Pool Jalmat			Dedicated Acreage: 160 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation Communitization Agreement

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Doyle Hartman
Name

Operator-Part Owner
Position

Doyle Hartman, Oil
Company Operator

2/25/76
Date

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

Certificate No.

