Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

ONOT USE THIS FORM FOR FORM OIL NELL Name of Operator Doyle Hartman Address of Operator	OTHER	heco St. NM 875 DN WELL DEEPEN O FOR PERM	S B PHIG BACK T	70 A	WELL API NO. 30-025-34529 sIndicate Type of Le State Oil & Gas Le B-1484 *Lease Name or Ur State "H" Well No. 5	STATE X	
500 N. Main Street, Midland, Tex	xas 79701					·Yates-Seven Ri	ivers) Oil
4Well Location Unit Letter A : 330 Section 17				660	Feet From The		Line
300000	Township 22			6-E	NMPM	Lea	County
	3593' RKB					1000	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: 12Describe Proposed or Completed Operation work) SEE RULE 1103. On 12-22-98, rigged up Halliburtor dead. Rigged up foam circulating	n. SWF/197,549 gal + 467,56 unit. Cleaned out frac fluid ar	C C C C C , and give per	SIEMEDIAL WORK COMMENCE DRILLE ASING TEST AND OTHER: Frac treatment dates, including	UBSE	QUENT RE	PORT OF: ALTERING CASI PLUG AND ANBA any proposed	ING ANDONMENT
test ending at 8:30 AM, 12-31-98, CS = 38/128 RPA = 10.5 x 64 x 1-1/2 CP = 54 psi Oil Rate = 22.6 BOPD Gas Rate = 394 MCFPD Water Rate = 100.5 BWPD CO2 = 32%	well tested as follows:						
I hereby certify that the information above is	true and complete to the best of my				-		
		TITLE _	Executive Assis	stant		DATE 12-31-9	98
TYPE OR PRINT NAME Ann O'Brien					ī	ELEPHONE NO. 915	5/684-4011
(This space for State Use)	Flui Kuitz			_ _			1009