



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

July 28, 2000

Doyle Hartman
ATT: Tricia Barnes
500 N Main St.

Midland, TX 79701

RE: REQUIRED GAS\OIL RATIO TEST

Gentlemen:

Your company has put Emery King SE #3-J, 1-23s-36e API #30-025-09196 back on production and in doing so the Oil Conservation Division needs some more paper work to bring your well file up to date.

After a well has been put back on production a Gas\Oil Ratio Test is required to reassign your allowable to the well. You may put this test on the C-104 also stating your current transporters for the well. The C-104 has been revised February 10, 1994 because of the new ONGARD computer system. We have enclosed some copies of this form.

If you have any questions on this matter, please call the District I, Hobbs office (505) 393-6161.

Very truly yours,

OIL CONSERVATION DIVISION

Chris Williams; Supervisor, District I

JS:dp
cc:file



DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-09196
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Emery King "SE"
Well No. 3
Pool name or Wildcat Langlie Mattix (7 Rivers Queen Grayburg)

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
Name of Operator Doyle Hartman	
Address of Operator 500 N. Main St., Midland, Texas 79701	
Well Location Unit Letter <u>J</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>1</u> Township <u>23S</u> Range <u>36E</u> NMPM <u>Lea</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3416' RKB	

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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
OTHER: Well repair. Return to production ☒

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.

For details of completed operations, please refer to pages 2 of 3 and 3 of 3, attached hereto.

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

SIGNATURE Tricia Barnes TITLE Production Analyst

DATE 07-25-00

TYPE OR PRINT NAME Tricia Barnes

TELEPHONE NO 915-684-4011

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: