

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
LC-031621A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

H.M. Britt No. 4

9. API Well No.

30-025-05992

10. Field and Pool, or Exploratory Area

Eunice Monument

11. County or Parish, State

Lea County, NM

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for ~~all~~ proposals

SUBMIT IN TRIPLICATE

BUREAU OF LAND MGMT.
MOBBS, NEW MEXICO

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Doyle Hartman

3. Address and Telephone No.

P.O. Box 10426, Midland, TX 79702-7426

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 1980' FEL (Unit B), Section 7, T-20-S, R-37-E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

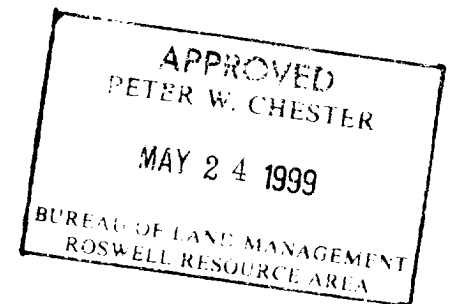
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Test Casing / Temporarily Abandon

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Move in, rig up and pull tubing and packer.
2. Set retainer at +/- 3670'.
3. Load casing with non-corrosive fluid and test casing for integrity. Repair or P&A if necessary.
4. If the casing integrity is good then well will be temporarily abandoned in order to evaluate recompletion potential.



14. I hereby certify that the foregoing is true and correct

Signed [Signature]

Title Engineer

Date 05/03/99

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

2166

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. Oil Co.
1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Doyle Hartman, Oil Operator

3. Address and Telephone No.

P. O. Box 10426, Midland, TX 79702 915-684-4011

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 1980' FEL (Unit B)
Section 7, T-20-S, R-37-E

5. Lease Designation and Serial No.
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☐ Other _____
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We intend to recompleate this well to the Eumont Gas Pool using the follwing procedure:

1. Clean out well to +/- 3800'
2. Set CIBP @ +/- 3800'
3. Integrity test casing and repair if necessary
4. Perforate and acidize Eumont
5. Install rod-pump equipment
6. Evaluate well for possible frac job

TA expired 4/3/95
NO CIBP

Pending rig and other equipment availability we plan to commence this work in the next 4 to 6 months.

Work must be completed within 6 months. If not, a casing integrity test must be done or well plugged and abandoned.

RECEIVED
1997 SEP 24 A 8:36
BUREAU OF LAND MGMT.
HOBBS, NEW MEXICO

14. I hereby certify that the foregoing is true and correct

Signed Doyle Hartman Title Engineer

Date 09/22/97

(This space for Federal or State office use)

Approved by CHD. SLD. - ISC SWOL

Title _____

Date 09/22/97

Conditions of approval, if any: