

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N<sup>o</sup> Oil Co.  
1991  
HOBBS, NM 88241

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

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 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)

2310' FSL & 1650' FEL (Unit J)  
Section 7, T-20-S, R-37-E

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. 13

9. API Well No.

30-025-06000

10. Field and Pool, or Exploratory Area

Eunice Monument

11. County or Parish, State

Lea County, NM

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

| TYPE OF SUBMISSION                                   | TYPE OF ACTION                                   |
|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment             |
| <input type="checkbox"/> Subsequent Report           | <input checked="" type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice    | <input type="checkbox"/> Plugging Back           |
|  | <input type="checkbox"/> Casing Repair           |
|  | <input type="checkbox"/> Altering Casing         |
|  | <input type="checkbox"/> Other                   |
|  | <input type="checkbox"/> Change of Plans         |
|  | <input type="checkbox"/> New Construction        |
|  | <input type="checkbox"/> Non-Routine Fracturing  |
|  | <input type="checkbox"/> Water Shut-Off          |
|  | <input type="checkbox"/> Conversion to Injection |
|  | <input type="checkbox"/> 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.)

We intend to recomplete this well to the Eumont Gas Pool using the following 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 3/17/95.  
Last CIL 5/14/91.

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.

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 *W. A. Smith*

Title

Date

Conditions of approval, if any:

RECEIVED  
1997 SEP 24 A 8:46  
BUREAU OF LAND MGMT.  
HOBBS, NEW MEXICO