

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.

30-025-06138

Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease No.

B-1616

Lease Name or Unit Agreement Name

Wulff State

Well No.

2

Pool name or Wildcat

Eumont Gas

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 ☐

GAS
WELL ☒

OTHER

Name of Operator

Doyle Hartman

Address of Operator

500 N. Main Street; Midland, Tx 79701

Well Location

Unit Letter E : 2310 Feet From The North Line and 990 Feet From The West Line

Section 17 Township 20S Range 37E NMPM Lea County

Elevation (Show whether DF, RKB, RT, (GR) etc.)

3549'

11

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: Return well to Production



SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER:



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.

1. Move in and rig up well service unit.
2. Release packer and pull and lay down 64 year-old 2 7/8" O.D., 6.5 lb/ft, 10V, EUE tubing.
3. Pick up and run new 2 3/8" O.D., 4.7 lb/ft, J-55, 8rd, EUE tubing and Baker 7" Model "C" RBP.
4. Set RBP at 3300'.
5. Pressure test 7" O.D. casing, to 2500 psi.
6. While holding pressure on 7" O.D. casing, load 9 5/8" x 7" annulus and pressure test 9 5/8" O.D. casing.
7. Install B & M Oil Tool 7" x 2 3/8" x 3" tubinghead.
8. If possible, cement down inside of 9 5/8" casing and back up outside of 9 5/8" casing.
9. Log well with DS-CNL-GR-CCL log.
10. Acidize Penrose producing interval, as necessary.
11. Return Eumont to production.

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

SIGNATURE

Cindy Brooks

TITLE Accountant

DATE 01-31-01

TYPE OR PRINT NAME Cindy Brooks

TELEPHONE NO. 915/684-4011

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: