Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department					Form C-103 Revised 1-1-89			
DISTRICT I P.O. Box 1980, Hobbs, NM 882	.0. Box 1980, Hobbs, NM 88240 2040 Pacheco St.						WELL API NO. 30-025-27815		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, NM 87505						sIndicate Type of Lease			
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NN	1 87410					•State Oil & Gas Leas			
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.)						⁷ Lease Name or Unit Agreement Name Boren Greer Gas Com			
Type of Well:	GAS WELL								
2Name of Operator Doyle Hartman, Oil Operator						⊌Well No. 3			
»Address of Operator P.O. Box 10426, Midland, Texas 79701						∍Pool name or Wildcat Jalmat			
•Well Location Unit Letter <u>A</u> :	<u>660</u> Fee	tFrom The	North	Line and	940	Feet From The	East	Line	
Section	20	Township	228	Range	36E	NMPM	Lea	County	
		10Elevatio	n (Show whether D	F, RKB, RT, GR, et	c.)				
 E. Constant and the second structure of the state of the	Check Appro	opriate Box	to Indicate N	ature of No	tice, Re	port, or Other D	ata	a gelentless south dataset over 19 years i do ond 14	
	E OF INTEI					SEQUENT RE			
PERFORM REMEDIAL WORK		PLUG AND AI	BANDON	REMEDIAL W	ORK		ALTERING CAS	ING	
TEMPORARILY ABANDON		CHANGE PLA	ANS		DRILLING O	PNS.	PLUG AND ANB	ANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEMI									
OTHER:							mporary Abandonment		
12Describe Proposed or Comple work) SEE RULE 1103.	ted Operations (Cle	early state all per	tinent details, and g	ive pertinent dates,	including es	stimated date of starting	any proposed		
11-11-02 Capitan Wireline ran and	set 5.5" CIBP a	at 2900'. RIH	with bailer and o	lump 1 sack of	cement or	n top of CIBP.			
11-12-02 Pressure 5 1/2" casing to	540 psi and te	st for 30 min.	Test was witnes	sed by NMOCI) represer	ntative E.L. Gonzale	es.		
Doyle Hartman respectfu									
This Approv Abanachine	e' of Tomp Int - xpires	orary ///	9/07_				2 - -		
I hereby certify that the informa	ation above is true a	and complete to t	he best of my knowl	edge and belief.					
SIGNATURE	IM	astor	w7	TITLE Engineer			DATE 11-15	5-02	
TYPE OR PRINT NAME DON M	ashburn						TELEPHONE NO. 9	15-684-4011	
(This space for State Use)		25 D1 0 1							
_		GARY V	NAL SIGNED B W. WINK				1:0:0 0	600-	
		OC FIE	LD REPRESEN	ATIVE II/STAI	F MAN/	GER	loate 2.9	<u>-⊼∷52</u>	
CONDITIONS OF APPROVAL, IF A	мт:								

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