

**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**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-30849

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

A-3071

**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.)

1. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

Doyle Hartman

3. Address of Operator

P. O. Box 10426, Midland, Texas 79702

7. Lease Name or Unit Agreement Name

Hansen State

8. Well No.

7

9. Pool name or Wildcat

Eumont (Y-7R-Qn)

4. Well Location

Unit Letter B : 900 Feet From The North Line and 1980 Feet From The East Line

Section 16 Township 20-S Range 37-E NMPM Lea County

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

3542.6 GR

11.

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

**NOTICE OF INTENTION TO:**

**SUBSEQUENT REPORT OF:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☒

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

12. 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.

4-17-90 Rig up Halliburton and fracture stimulate well down tubing-casing annulus with 174,209 gals of a 50-50 blend of gelled water and CO2 carrying 343,001 lbs of sand at an average rate of 40.6 BPM and average pressure of 2028 psig. Flow well to pit to recover load and return well to pumping.

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

SIGNATURE

TITLE

Engineer

DATE

5-10-91

TYPE OR PRINT NAME

Michael Stewart

TELEPHONE NO.

(This space for State Use)

APPROVED BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

**MAY 28 1991**