

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. 30-025-09188
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. NM J549
Lease Name or Unit Agreement Name Emery King NW
Well No. 2
Pool name or Wildcat Langlie Mattix (Seven Rivers Queen Grayburg)

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 St., Midland, Texas 79701 (915) 684-4011

Well Location
Unit Letter D 660 Feet From The West Line and 330 Feet From The North Line
Section 1 Township 23S Range 36E NMPM Lea County
Elevation (Show whether DF, RKB, RT, GR, etc.)
3456' DF

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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: ☐

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.) Find and Repair hole in 5 1/2" casing.
- 2.) Re-establish production in current zone, Langlie Mattix (Oil)
- 3.) If Langlie Mattix is non-productive, then attempt to re-complete to Jalmat (Gas) zone.

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

SIGNATURE [Signature] TITLE Engineer DATE 11-14-00

TYPE OR PRINT NAME John Allred TELEPHONE NO. 915-684-4011

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE NOV 17 2000

CONDITIONS OF APPROVAL IF ANY: