

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 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. <u>30025-09374</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-934
7. Lease Name or Unit Agreement Name New Mexico <u>AA State</u> State "AA"
8. Well No. #1
9. Pool name or Wildcat Jalmat <u>T-Y-5R</u>
10. Elevation (Show whether DF, RKB, RT, <u>GR</u> , etc.) 3370

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator Doyle Hartman
3. Address of Operator P.O. Box 10426 Midland, Tx 79701	4. Well Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>22</u> Township <u>23S</u> Range <u>36E</u> NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Set pumping unit</u> <input type="checkbox"/>

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.

Install Lufkin 114 pumping unit. Run pump and rods to pump formation water.

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

SIGNATURE Don L. Mashburn TITLE Engineer DATE 6-7-93

TYPE OR PRINT NAME Don L. Mashburn TELEPHONE NO. (915) 684-4011

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY _____ TITLE _____ DATE JUN - 9 1993

CONDITIONS OF APPROVAL, IF ANY: