

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR. "CATE"
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-12611

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Myers "B"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Langlie-Mattix SA-6-68

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 13, T-24-S, R-36-E

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Doyle Hartman

3. ADDRESS OF OPERATOR

Post Office Box 10426 Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

2310 FNL & 1650 FWL (F)

Sec. 13, T-24-S, R-36-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3317.4 G.L.

12. COUNTY OR PARISH

Lea

13. STATE

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Pump Test ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Installed pumping equipment and pump tested perforations 3562-3666.
Well tested 15 BOPD, 5 BWPD, and 18 MCFPD. Will continue to produce
well until production has stabilized.

18. I hereby certify that the foregoing is true and correct

SIGNED Larry G. Newman

TITLE Engineer

DATE March 2, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

MAR 03 1987

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO