

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-054665(B)</u>
2. NAME OF OPERATOR <u>Doyle Hartman</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>12611</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 10426 Midland, Texas 79702</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also Space 17 below.) At surface <u>2310 FNL & 1650 FWL (F)</u> <u>Sec. 13, T-24-S, R-36-E</u>		8. FARM OR LEASE NAME <u>Myers "B"</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3317.4 G.L.</u>	9. WELL NO. <u>1</u>
		10. FIELD AND POOL, OR WILDCAT <u>Langlie Mattix</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 13,</u> <u>T-24-S, R-36-E</u>
		12. COUNTY OR PARISH 13. STATE <u>Lee</u> <u>NM</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <u>Pump Test</u> <input checked="" type="checkbox"/>		(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.)*

We plan to install pumping equipment and pump test this well to determine if well is economical to produce. Any oil produced will be stored in tank and sold. Any gas produced will be sold into El Paso Natural Gas Pipeline. Perforations to be tested are 3562-3666.

ACCEPTED FOR RECORD

FEB 26 1987

CARLSBAD, NEW MEXICO

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

SIGNED Larry A. Newman TITLE Engineer DATE February 24, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: