

M. M. OIL CONS. COMMISSION
UNITED STATES BOX 1980 SUBMIT IN TRIPLICATE
DEPARTMENT OF THE INTERIOR **NEW MEXICO**
GEOLOGICAL SURVEY

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-060825 (A)
2. NAME OF OPERATOR Doyle Hartman		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 10426 Midland, Texas 79702		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 1650 FSL & 990 FWL of Sec. 29 Unit L NE/4 SW/4		8. FARM OR LEASE NAME Blinebry "A"
14. PERMIT NO.		9. WELL NO. 8
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3323 D. F.		10. FIELD AND POOL, OR WILDCAT Jalmat (Gas)
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 29, T-23-S, R-37-E
		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:		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) Change of Operator <input checked="" type="checkbox"/>	
(Other) <input 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.)*

Well is producing from Jalmat (Gas) Pool.

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

SIGNED Larry G. Newman

TITLE Engineer

DATE May 16, 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

JUN 3 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

RECEIVED

JUN -5 1985

G.C.D.
HOBBS CRIME