

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.

30-025-10903

Indicate Type of Lease

STATE ☐

FEE ☒

State Oil & Gas Lease No.

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.)

Lease Name or Unit Agreement Name

Cowden "C"

Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

Name of Operator

Doyle Hartman

Well No.

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Address of Operator

500 N. Main Street; Midland, Tx 79701

Pool name or Wildcat

Jalmat (Gas)

Well Location

Unit Letter C : 990 Feet From The North Line and 1980 Feet From The West Line

Section 31 Township 23S Range 37E NMPM Lea County

Elevation (Show whether ☒ RKB, RT, GR, etc.)

3328'

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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: Return Jalmat Zone to Production ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

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. Move in and rig up well service unit.
2. Run bottom-hole pressure bomb.
3. Check PBD and measure static fluid gradient and bottom-hole pressure.
4. Clean out wellbore to bottom of Jalmat Pool interval.
5. Set replacement CIBP and/or 5 1/2" EZ drill retainer, above abandoned Langlie Mattix Pool injection interval.
6. Perform casing integrity test.
7. Log well with DS-CNL-GR-CCL log.
8. Repair wellbore, as necessary.
9. Return Jalmat gas interval to production.

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

SIGNATURE

Cindy Brooks

TITLE Accountant

DATE 01-31-01

TYPE OR PRINT NAME Cindy Brooks

TELEPHONE NO. 915/684-4011

(This space for State Use)

APPROVED BY

TITLE

DATE

1 FEB 06 2001

CONDITIONS OF APPROVAL, IF ANY:

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C