

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other Instruct on
reverse side)

Expires August 31, 1985
5 LEASE DESIGNATION AND SERIAL NO.
LC-054668
6 IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Doyle Hartman	8. FARM OR LEASE NAME Farnsworth 4
3. ADDRESS OF OPERATOR P. O. Box 10426, Midland, Texas 79702	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL and 1980 FEL (Unit B)	10. FIELD AND POOL, OR WILDCAT Langlie Mattix - SR-Quel
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-26-S, R-37-E
14. PERMIT NO.	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2985.7 GL	13. STATE New Mexico

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 PLANT <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Pump Test Well <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 propose to install pumping unit and test tank at well location. We will pump test well to determine if well is economical to produce. Any oil produced will be transferred to oil tank located in unit F, Section 4, T-26-S, R-37-E on same lease and sold. Oil will be co-mingled with oil produced from other wells on same lease. Any gas produced will be vented during test period. Any water produced will be disposed of into SWD No. 7 located in unit F, Section 4, T-26-S, R-37-E.

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

SIGNED Larry G. Nennig

TITLE Engineer

DATE April 16, 1986

(This space for Federal or State office use)

APPROVED BY Jim Mc Cormick

TITLE CARLSBAD

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

JUL 29 1986

RECEIVED
AUG 1 1986
FBI - NEW YORK
FBI - NEW YORK