

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other information on reverse side)

Project Bulletin No. 1004-1.05
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-045668 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 Post Office Box 10426 Midland, Texas 79702 | 9. WELL NO. 9 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL & 2310 FWL (C) | 10. FIELD AND POOL, OR WILDCAT Langlie Mattix |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 4, T-26-S, R-37-E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3002.2 GL | 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 | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANE | <input type="checkbox"/> |

(Other) Pressure Test Casing

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |

(Other)

(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.)*

Moved in and rigged up service unit. Picked up and RIH with 2-3/8" tubing to PBTD at 3165'. Attempted to pump into perfs 3180-3214. Perforations would not take fluid at 1000 psi. Tested casing to 1000 psi and pressure held. Released pressure. POH and lay down 2-3/8" tubing. Plan to pressure test casing to 600 psi. Will leave well shut-in for further evaluation.

APPROVED FOR 12 MONTH PERIOD
ENDING 4/15/87

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

SIGNED Larry A. Norman

TITLE Engineer

DATE 4-10-86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 4-15-86

*See Instructions on Reverse Side

HOBS OFFICE
O.C.P.
APR 17 1986
RECEIVED