| DEPART | T OF THE INTER | SUBMIT IN TRIP ICATE | |
|--|---|---|--|
| | GEOLOGICAL SURVEY | TOUV A ALISE SIDE AND AL | LC-054668 |
| | | ON WELLS | 6. IF INDIAN, ALLOTTEE OR TRIBE NA |
| | sals to drill or to deepen or plug ATION FOR PERMIT-" for such p | • | |
| Use AFFLIC. | | | 7. UNIT AGREEMENT NAME |
| OIL X GAS OTHER | | - | |
| 2. NAME OF OPERATOR | | • | S. FARM OR LEASE NAME |
| Doyle Hartman | | | Farnsworth 4 |
| Post Office Box | 10426 Midland, Tex | as 79702 | 2 |
| 4. LOCATION OF WELL (Report location of See also space 17 below.) | | | 10. FIELD AND POOL, OR WILDCAT |
| At surface | | | Langlie Mattix |
| | | | 11. SEC., T., B., M., OR BLK. AND- SURVEY OR AREA |
| 660 FNL & 660 FEL of | Sec. 4 Unit A | | Sec. 4, T-26-S, R-37- |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether D | F, RT, GR, etc.) | 12. COUNTY OF PARISH 13. STATE |
| | 2992 G.L. | | Lea NM |
| 18. Check Al | ppropriate Box To Indicate N | Nature of Notice, Report, or (| Other Data |
| NOTICE OF INTER | TION TO: | SUBSEQ | UENT REPORT OF: |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL |
| | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CASING |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING (Other) Change of | Operator X |
| (Other) | | | s of multiple completion on Well letion Report and Log form.) |
| Sun Exploration & Prod | | - | |
| Sun Exploration & Prod Well is presently prod | | - | AND OF AN AND AND AND AND AND AND AND AND AND |
| Well is presently prod 18. I hereoy certify that the foregoing i SIGNED Tany 9. Me | ducing from the Lang | - | NU 0/ Полте |
| Well is presently prod | ducing from the Lang | glie Mattix Pool | DATE JULY 15, 198 |
| Well is presently prod 18. I hereoy certify that the foregoing i SIGNED Tany 9. Me | ducing from the Lang | glie Mattix Pool | DATE |

CARLSBAD, NEW MEXICO