

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP- RE*
(Other instructions on re-
verse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM-050216

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		H. M. OIL CONS. COMMISSION	
2. NAME OF OPERATOR Doyle Hartman		P. O. BOX 1980 HOBBS, NEW MEXICO 88240	
3. ADDRESS OF OPERATOR Post Office Box 10426 Midland, Texas 79702			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310 FNL & 990 FWL of Section 28 Unit E			
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2955.5 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:		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) <u>Change of Operator</u> <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 Rhodes (Oil) pool.

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

SIGNED Larry G. Nemmy TITLE Engineer DATE May 16, 1985

(This space for Federal or State office use)

APPROVED BY ASSISTED FOR RECORD TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 3 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

RECEIVED

JUN - 5 1985

O.C.D.
HOBBS OFFICE