

Form 3160-5
(June 1990)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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NOV 7 9 15 AM '95

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT" for such purposes.

SUBMIT IN TRIPLICATE

I&E (HOBBS)

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

LC 030556 (B)

6. If Indian, Allotment or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Stevens B #21

9. API Well No.

30-025-22287

10. Field and Pool, or Exploratory Area

Langlie Matrix (7-R-Q)

11. County or Parish, State

Lea County, NM

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Doyle Hartman Oil Operator

3. Address and Telephone No.

P.O. Box 10426 Midland, Tx 79702 (915) 684-4011

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL 660' FEL

H Section 7 T-23-S, R-37-E

ENTERED

IN CO

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐
- Notice of Intent
-
- ☒
- Subsequent Report
-
- ☐
- Final Abandonment Notice

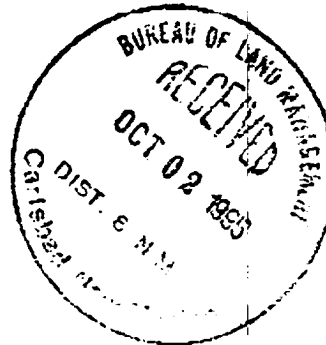
TYPE OF ACTION

- ☐
- Abandonment
-
- ☐
- Recompletion
-
- ☐
- Plugging Back
-
- ☐
- Casing Repair
-
- ☐
- Altering Casing
-
- ☒
- Other Temporary Abandonment
-
- ☐
- Change of Plans
-
- ☐
- New Construction
-
- ☐
- Non-Routine Fracturing
-
- ☐
- Water Shut-Off
-
- ☐
- Conversion to Injection
-
- ☐
- Dispose Water

(Note: Report results of multiple completions on Well Completion or Recompletion Report and Log form.)

13. 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.)

SEE ATTACHMENT.

TH APPROVED FOR 12 MONTH PERIOD
ENDING 9/27/96

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

Signed Joe A. LoraTitle Production SupervisorDate 9-28-95

(This space for Federal or State office use)

DRG. ICD. JOE A. LORA

Approved by
Conditions of approval, if any:Title ACTON ELM PRINCEDate 11/2/95

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side