

OIL CONSERVATION DIVISION

P. O. BOX 2048
SANTA FE, NEW MEXICO 87501

Form O-101
Revised 10-1-7

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
FILE	
REMARKS	
DATE OF OFFICE	
OPERATION	

5a. Indicate Type of Lease
 State ☐ Free ☒
 5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR THE PURPOSES OF FILING FOR OR AGAINST PLUG BACKS OF A DIFFERENT RESERVOIR.
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1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER		7. Unit Agreement Name
2. Name of Operator Doyle Hartman		8. Form or Lease Name W. H. King
3. Address of Operator P. O. Box 10426, Midland, Texas 79702		9. Well No. 3
4. Location of Well UNIT LETTER L 1880 FEET FROM THE South 660 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 23-S RANGE 37-E RMB.		10. Field and Pool, or Wildcat Jalmat (Gas)
15. Flow III (Indicate whether DF, RT, GR, etc.) 3397 G. L.		11. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
 TEMPORARILY ABANDON ☐
 PULL OR ALTER CASING ☐
 OTHER ☐

PLUG AND ABANDON ☐
 CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
 COMMENCE DRILLING OPER. ☐
 CASING TEST AND CEMENT JOBS ☒
 OTHER ☐

ALTERING CASING ☐
 PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Drilled well to a total depth of 3415'. Logged well with CNL-DSN-GR log and Guard-Forxo log. Ran 84 joints (3429') of 5 1/2" OD, 17 lb/ft, J-55, ST&C casing. Landed at 3425' RKB. Cemented with 300 sx of Class C cement, containing 3% economite and 1/4 lb/sx floreal, followed by 150 sx of API Class C 50-50 poz, 1/4 lb/sx floreal, and 9 lb/sx salt. Plug down at 12:00 noon 5-20-81. Circulated 50 sx of excess cement to pit.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Nichelle Hernandez TITLE Administrative Assistant DATE May 14, 1981

APPROVED BY Jerry Seaton TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: