Horm 9-3571 (325) 2001 123104 (May 1968)	UN ED STATES	SUBMIT IN TRI: ATE•	
P O MOX 1960 DEPARIMENT OF THE INTERIOR verse side)			5. LEASE DESIGNATION AND SERIAL NO.
HODDS, NEW MEXICO 83240GEOLOGICAL SURVEY			NM-050216 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	OTICES AND REPORTS opposals to drill or to deepen or plug LICATION FOR PERMIT—" for such		
OIL X GAS WELL OTHER			7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
Doyle Hartman			Gregory "B"
3. ADDRESS OF OPERATOR			9. WELL NO.
Post Office Box 10426, Midland, TX 79703 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Fwil 660' FNL & 990' FML (D) Section 28			2 10. FIELD AND POOL, OR WILDCAT
			Rhodes (Oil) 11. SEC., T., B., M., OR BLK. AND
			SURVEY OR AREA
ood FRE & 990 PARE (b) Section 20			Sec. 28, T-26-S, R-37-E
14. PERMIT NO.	15. ELEVATIONS (Show whether r 2959.4 G.L.	of, RT, GR, etc.)	Lea NM
16. Check	Appropriate Box To Indicate	Nature of Notice, Report, or C	Other Data
NOTICE OF INTENTION TO:			UENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON* CHANGE PLANS	SHOOTING OR ACIDIZING (Other)	ABANDONMENT*
(Other)	Change Flans	(NOTE: Report results	of multiple completion on Well letion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED	OPERATIONS (Clearly state all pertine ectionally drilled, give subsurface loc	nt details, and give pertinent dates,	including estimated date of starting any al depths for all markers and zones perti-
of 7" OD, 26 lb/ft, I Class-C cement conta of a 50-50 blend of A 1/4 lb/sx Floseal.	of 3630' at 6:15 p.m. T&C casing and landed aining 3% Econolite and PI Class-C cement and Plug down at 11:15 CST sure tested casing to a float held okay.	at 3630'. Cemented we do 1/4 lb/sx Floseal for Pozmix A containing laced 12-12-84. Circulated	with 650 sx API 110wed by 350 sx 18% salt and 1 325 sx excess
18. I hereby certify that the foregoing	Δ.d.	ministrative Assistant	December 17, 1984
(This space for Federal or State	office use)		
Ú	(10. 1.6)		D.A.MM
CONDITIONS OF APPROVAL,	F91984		DATE

Carlsbruk MENT MENTOO *See Instructions on Reverse Side