Form 9-331 (May 1963)		U'''TED_STA		SUBMIT IN TI	ስክ <b>የሎ</b> I	Form approved. Budget Bureau	No. 42-R1424.		
DEPARIME .1 OF THE INTERIOR Verse side)						5. LEABE DESIGNATION AND BERIAL NO.  LC-060824			
GEOLOGICAL SURVEY						. IF INDIAN, ALLOTTER O	R TRIBE NAME		
(Do not t	SUNDRY NOT use this form for proportion Use "APPLICA	ICES AND R	EPORTS (eepen or plug T—" for such p	ON WELLS back to a different rese proposals.)	rvoir.				
1.						7. UNIT AGREEMENT NAME			
OIL GAS WELL OTHER  2. NAME OF OPERATOR						8. FARM OR LEASE NAME			
Doyle Hartman						Olsen-Blinebry			
3. ADDRESS OF OPERATOR						9. WELL NO.			
Post Office Box 10426 Midland, Texas 79702  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						10. FIELD AND POOL, OR WILDCAT			
See also space At surface	e 17 below.)		Jalmat (Gas)						
500 FSL & 500 FWL (M)						11. SEC., T., R., M., OR BLK. AND SURVEY OR ABBA			
					S	ec. 29, T-23-S	, R-37-E		
14. PERMIT NO.		thow whether DF, RT, GR, etc.)			12. COUNTY OR PARISH 18. STATE				
30-025-29371 3310.6					Lea NM				
16.	Check A	propriete Box T	o Indicate N	Nature of Notice, R	eport, or Oth	er Data			
	Check Appropriate Box To Indicate Nature of Notice, Report, or						QUENT REPORT OF:		
TEST WATER	SHUT-OFF	PULL OR ALTER CASI	NG	WATER SHUT-OF	· ·	REPAIRING WE	LE		
FRACTURE TR		MULTIPLE COMPLETE		FRACTURE TREA	TMENT	ALTERING CASI			
SHOOT OR AC	PIDIZE	ABANDON*		SHOOTING OR A		ABANDONMENT* set casing	'   X		
REPAIR WELL (Other)		CHANGE PLANS		(Norr: R	enort results of	multiple completion on on Report and Log form.	Well		
	POSED OR COMPLETED OPE york. If well is direction work.) •	RATIONS (Clearly st mally drilled, give	ate all pertines	t details and give nor	tinent dates in	luding estimated date of	of starting any		
2 C I I I 2	Reached total of 26 1b/ft, K-55 casing with 750 Econolite and 1 colend of API Cland 2% gel. Pland 2% gel. Pland sx of excessors and pressures.	ST&C casin sx of API 4 lb/sx F1 ass C cemen ug down at ss cement to	g and lan Class C co oseal, fo t and Poz 11:45 p.m pits. F	ded at 3546' lement contain: 110wed by 300 mix A contain: 10-14-8; ressure tested	RKB. Ceme ing 3% Hal sx of a 5 ing 9 lb/s 5. Circul d casing t	nted liburton 0-50 x salt ated o 1500			
						•			
-									
			•						
10 Thombs conti	ify that the foregoing is	true and correct							
-	Dichille, No		титик Аб	ministrative A	Assistant	DATE October	16, 1985		
	or Federal or State office					D. 4 00 10			
APPROVED I	BY ACCEPTED FO OF APPROVAL, IF A	NY:	TITLE			DATE			

OCT 2 1 1985
\*See Instructions on Reverse Side