

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUNDRY NOTICES AND REPORTS ON WELLS

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-060824

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Olsen-Blinbry

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Jalmat (Gas)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 29, T-23-S, R-37-E

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Doyle Hartman

3. ADDRESS OF OPERATOR

P. O. Box 10426, Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

500' FSL & 500' FWL (M) Section 29

14. PERMIT NO.

30-025-29371

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3310.6 G.L.

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud and Set Casing

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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.)*

Spudded well at 6:30 p.m. CDT 10-07-85. Drilled well to a total depth of 445'. Ran 12 joints (448.13') of 9 5/8" OD, 36 lb/ft, ST&C casing and landed at 445'. Cemented with 200sx API Class C cement containing 4% gel followed by 150 sacks API Class C cement containing 2% CaCl. Plug down at 9:30 a.m. CDT 10-08-85. Circulated 30 sacks of excess cement to pit. WOC 18 hours. Pressure tested casing to 1200 psi for 1 1/2 hours. Held okay.



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

SIGNED Michelle Nemler

TITLE Administrative Assistant

DATE October 11, 1985

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 16 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO