्रक्रमां 3 Copies to Appropriate	State of N				Form C-103 Revised 1-1-89
District Office	Energy, Minerals and Natural Resources Department				(101804 1-1-0 3
DISTRICT I	OIL CONSERVA		ON DIVISION		
P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. Santa Fe, NM 87505			7505	WELL API NO. 30-025-26106	3
DISTRICT.II P.O. Drawer DD, Artesia, NM 88210				sIndicate Type of Le	
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410				₀State Oil & Gas Lea 19276	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				7Lease Name or Un Arnott Ramsey	•
Type of Well: OIL GAS WELL WELL	OTHER SWD				
2Name of Operator DOYLE HARTMAN, OIL OPERATO)R			₀Well No. 4	
JAddress of Operator P. O. Box 10426, Midland, TX 79702				•Pool name or Wildcat SWD 7-R-Qn.	
4Well Location			220	L)A/cet
Unit Letter <u>D</u> : <u>330</u> I	Feet From The North		Line and 330	Feet From The	West Line
Section 32	Township 25S		Range 37E RKB, RT, GR, etc.)	NMPM	Lea County
¹¹ Check Apr	propriate Box to Indicat	te Na	ature of Notice, Reg	oort, or Other I	Data
NOTICE OF INT	-		1		
	PLUG AND ABANDON		REMEDIAL WORK		
	CHANGE PLANS		COMMENCE DRILLING OF	PNS.	
PULL OR ALTER CASING			CASING TEST AND CEME		
OTHER: Test casing for integrity		\mathbf{X}	OTHER:		
¹² Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent details, a	nd give	pertinent dates, including est	timated date of starting	j any proposed
Tested 4 1/2" casing for integrity on 2	2/23/99. Casing tested good	4.			
Chart attached.					
Witnessed by Karen Sharp.					
Withessed by Maren Sharp.					
I hereby certify that the information above is tru	e and complete to the best of my k	nowled	ge and belief.		
SIGNATURE LAND	Blog	דוד	LE Engineer		DATE 03-03-99
TYPE OR PRINT NAME DON Mashburn					TELEPHONE NO. 915-684-4011
(This space for State Use)					MAY
APPROVED BY	· · · · · · · · · · · · · · · · · · ·	TIT	LE		date 1 2 1999
CONDITIONS OF APPROVAL, IF ANY:		÷			

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