Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240		OIL CONSERVATION DIVISION 2040 Pacheco St.					
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505			30-025-26704 sIndicate Type of Lea	se		
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410					₅State Oil & Gas Leas	STATE	FEE
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 Unit Agreement Name J.W. Sherrell		
1Type of Well: OIL GAS WELL WELL OTHER							
Name of Operator Doyle Hartman					⊮Well No. 10		
Address of Operator 500 N. Main Street, Midland, Texas 79701					Pool name or Wildcat Jalmat		
₄Well Location Unit Letter <u> </u>	0 Feet From The North		Line and	2000	Feet From The	West	Line
Section 6	Township 25-S	S R	lange	37-E	NMPM	Lea	County
	10Elevation (Show wheth 3236 G.L. (3247' F		RKB, RT, GR, etc.)	)			
11 Check	Appropriate Box to Indica	ite Na	ture of Noti	ce, Rep	port, or Other D	Data	
NOTICE OF INTENTION TO: SUBS					SEQUENT RE	PORT OF:	
	PLUG AND ABANDON		REMEDIAL WO	RK	X.	ALTERING CASI	NG
	CHANGE PLANS				PNS.	PLUG AND ANBA	
PULL OR ALTER CASING							
OTHER:			OTHER: Perf	orm CO2	foam frac.		$\square$
12Describe Proposed or Completed Open work) SEE RULE 1103.	rations (Clearly state all pertinent details, a	and give	pertinent dates, in	cluding est	timated date of starting	any proposed	
On 9-23-99, tested well as follo	ws: Gas = 19 MCFPD Fluid = 2 BWPD CP = 7 psig						
	SIWHP = 18 psig (9-15-99)					4	
Rigged up Halliburton. Fraced well with 167,325 gal of gelled water and 359 tons (6184 MCF) of CO2. Presently cleaning up weil waiting for gas stream to reach MORE STRINGENT CO2 level imposed by Sid Richardson Gasoline company for its gathering system in the LJU area near the inlet for its Jal Plant No. 3.							
	ye is true and complete to the best of my	les sud s de	no and heliof	<u>.</u>			
			LE Executive	Assistant	:	DATE 10-12	-99
TYPE OR PRINT NAME Ann O'Brien						TELEPHONE NO. 91	5/684-4011
(This space for State Use)	GINZELEGNED BY GARY VENK						
	FIELD REP. II	TIT	LE			DATE	
CONDITIONS OF APPROVAL, IF ANY:							

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