

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRII
(Other instruction
verse side)ATE*
a re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032579 (e)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Doyle Hartman		8. FARM OR LEASE NAME Terra-Carlson Federal
3. ADDRESS OF OPERATOR P. O. Box 10426, Midland, Texas 79702		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330 FNL & 2310 FWL Section 26		10. FIELD AND POOL, OR WILDCAT Langlie Mattix
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 26, T-25-S, R-37 NMPM
15. ELEVATIONS (Show whether of top of hole or of casing head) 3045.0 G.L.		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Spud Notice and cementing <input checked="" type="checkbox"/>	

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

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 1:40 a.m. 7-31-80. Drilled well to a total depth of 422' RKB. Ran 10 joints (422.25') of 8 5/8 OD, 24 lb/ft, H-40 ST&C casing and landed at 418 RKB. Cemented with 150 sx of Class C cement containing 4% gel and 1/4 lb/sx floseal, followed by 150 sx of Class C cement containing 2% CaCl. Plug down at 3:00 p.m. 7-31-80. Circulated 80 sx of excess cement to pit. WOC 18 hours. Pressure tested casing to 700 psi. Pressure held okay.

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

SIGNED Nichelle Hernandez TITLE Administrative Assistant DATE August 1, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

