ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [ ] Fee [X]

5. State Oil & Gas Lease No.

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.)

1. OIL WELL [ ] GAS WELL [X] OTHER-

7. Unit Agreement Name

2. Name of Operator
Doyle Hartman

8. Farm or Lease Name
Munn-Harrison

3. Address of Operator
P. O. Box 10426, Midland, Texas 79702

9. Well No.
1

4. Location of Well
UNIT LETTER A 510 FEET FROM THE North LINE AND 990 FEET FROM
East 7 25S 37E
THE LINE, SECTION TOWNSHIP RANGE NMPM

10. Field and Pool, or Wildcat
Jalmat (Gas)

15. Elevation (Show whether DF, RT, GR, etc.)
3185 G.L.

12. County
Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [X]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
OTHER [ ]		OTHER [ ]	

17. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

Spudded well at 5:45 p.m. 1-21-82. Drilled 12 1/4" hole to a total depth of 443'. Ran 11 joints (446.66') of 9 5/8" OD, 36 lb/ft, Grade B, ST&C casing and landed at 443' RKB. Cemented casing with 225 sx of API Class C cement containing 2% CaCl. Plug down at 9:45 a.m. 1-22-72. Circulated a total of 55 sx of excess cement to pit. WOC 18 hours. Pressure tested casing to 700 psi. Pressure held okay.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Michelle Semrau TITLE Administrative Assistant DATE 1-25-82

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: