STATE OF NEW MEXICO	••**=				, ,
ENERGY AND MINERALS DEPARTMEN	r				•
40. 41 (0=174 +1(1)+10	OIL COI	VSERVA	TION DIVISION	1	ţ
DISTRIBUTION		P. O. 803	K 2038		Form C-103 - Revised 10-1-78
BANTA FE	SANTA	FE. NEW	MEXICO 87501		NEC12ED 10-1-78
FILK		·			Sa. Indicuto Typo at Lensa
J.3.0.3.					State Fre X
LAND OFFICE					5. State Oll & Gas Leuso No.
OFERATOA					2. State Off & Gas Erdag Not
SUMAN	NOTICES AND RE	PORTSON	WELLS		HINNIN HINNIN (
USE "APPLICATIO	HOTICLO ANE NE	PIN CR PLUG 5 2-101) FOR SUC	HELLO NEK TO A DIFFERENT RESERV H PHOPOSALS.)	61A.	
	07HER-				7. Unit Agreement Nume
2. Nare of Operator					8. Fizm or Lease Name
					Winningham
Doyle Hartman					9. Well No.
	Midland Towns	70702			8
Post Office Box 10426,	Midiand, lexas	79702			10. Field and Pool, or Wildcat
4. Location of well		a 11	1(10		Jalmat (0il)
UNIT LETTER 116	0 FEET FROM THE	South	LINE AND	FEET FROM	
THEEast LINE, SECTION	19	25S	37E	амен.	
THELINE, SECTION				NMPM.	
	15. Elevation 3058.0		DF, RT, GR, etc.)		12. County Lea
Check A NOTICE OF IN		índicate N	ature of Notice, Rep SUB		er Data REPORT OF:
PERFORM REMEDIAL WORK	PLUG AHD	ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY AGANDON			COMMENCE DRILLING OPHS	7-1	PLUG AND ADANDONMENT
PULL OR ALTER CASING	CHANGE P		CASING TEST AND CEMENT OTHER NOTICE OF		l plug back
07HER			STREN		
17. Describe Proposed or Completed Ope work) SEE RULE 1103.	ations (Clearly state al	l pertinent deto	ills, and give pertinent dat	es, including	estimated date of starting any proposed
Perforated well with 7 of 2300 gallons of 15% period, well flowed at 584 psi. Final FCP= 6 Ran tracer survey and interval between 3581 well with a total of 5 27 sx in casing below completion in upper po	MCA acid. Aft the rate of 6. 25 psi. Ran VD determined that and 3688. Set 5 sx of cement. retainer, and 2	er acid t 2 BWPD on CBL log a water wa cement re Reverse 2 sx in f	reatment, during a 64/64" choke. nd found good cen s entering from tainer at 3620' d out 6 sx of cen ormation. Now a	Il hour Initia ment bond the perfo and cemen ment and	test L FCP= 1. orated nted left

18. Thereby certify that the information above is true and comp	lete to the best of my knowledge and belief.		
Minto Michelle Stanley	Administrative Assistant	DATE_	1-19-84
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	TITLE	DATE_	JAN 23 1984
CONDITIONS OF APPROVAL, IF ANYI			

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JAN 20 1984

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