

5. LEASE DESIGNATION AND SERIAL NO.

LC-055546

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wells Federal

9. WELL NO.

15

10. FIELD AND POOL, OR WILDCAT

Jalmat (Gas)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 5, T-25-S, R-37-E

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Doyle Hartman

3. ADDRESS OF OPERATOR

Post Office Box 10426 Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

810 FNL & 460 FWL (D)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3232.3 G.L.

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Set casing

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)*

Reached total depth of 3350' on 5-25-84. Ran 93 joints (3337') of 7" OD, 23 lb/ft, LT&C casing and landed at 3334' RKB. Cemented casing with 450 sx of API Class-C cement containing 3% Halliburton Econolite & 1/4 lb/sx Floseal followed by 200 sx of a 50-50 blend of API Class-C cement and Pozmix A containing 18% salt and 1/4 lb/sx Floseal. Plug down at 11:14 p.m. MDT 5-27-84. Circulated 177 sx of excess cement to pit. Pressure tested casing to 1500 psi and pressure held okay. Released pressure and float held okay.

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

SIGNED Michelle Schroeder

TITLE Administrative Assistant

DATE 5-30-84

(This space for Federal or State office use)

APPROVED BY [Signature]
DATE JUN 4 1984

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Carlsbad, NEW MEXICO *See Instructions on Reverse Side