

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instructio.
verse side)

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on re

Form approved.
Budget Bureau No. 42 R1424.
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

12. COUNTY OR PARISH 13. STATE

Lea

NM

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.

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) Spud & set surface 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.)*

Spudded well at 10:00 p.m. CDT 5-19-84. Drilled 12-1/4" hole to a total depth of 407'. Ran 14 joints (405.48') of 9-5/8" OD, 40 lb/ft, ST&C casing and landed at 405'. Cemented with 300 sx of Class-C cement containing 2% CaCl and 1/4 lb/sx Floseal. Plugged down at 10:30 a.m. CDT 5-20-84. Circulated 120 sx of excess cement to pit. WOC 18 hours. Pressure tested casing to 1000 psi for 30 minutes. Held okay.

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

SIGNED Michelle Nemec

TITLE Administrative Assistant

DATE 5-22-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE APR

MAY 23 1984

*See Instructions on Reverse Side

Permitted NEW MEXICO

RECEIVED

JUN 1 1984

O.C.D.
HOBBS OFFICE