

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions  
reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0283328

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Wells Federal9. WELL NO.  
1810. FIELD AND POOL, OR WILDCAT  
Jalmat (Gas)11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Section 4, T-25-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 surface330 FSL and 660 FWL (M)  
Section 4, T-25-S, R-37-E

14. PERMIT NO.

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

3189.9 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 and set casing

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

X

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 5:00 p.m. CST 2-18-85. Drilled 14 3/4" hole to a total depth of 440'. Ran 11 joints (438.22') of 9 5/8" OD, 40 lb/ft, ST&C casing and landed at 440'. Cemented with 300 sx of Class C cement containing 2% CaCl. Circulated 125 sx of excess cement to pits. WOC 18 hours. Tested to 1000 psi. Pressure held okay.

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

SIGNED Michelle AmoresTITLE Administrative AssistantDATE February 21, 1985

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

FEB 20 1985

\*See Instructions on Reverse Side

RECEIVED

MAR -1 1985

603  
HONORS OFFICE