

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instruction
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-032579C

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—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
Doyle Hartman

3. ADDRESS OF OPERATOR
P.O. 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

1650' FSL & 660' FWL (L) Section 22,
T-25-S, R-37-E

14. PERMIT NO.

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Carlson Harrison Federal Com

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Jalmat (Gas)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Section 22, T-25-S, R-37-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

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) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

Name Change

(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.)*

The subject well was originally approved as the Carlson Federal No. 2, and was to be a Langlie Mattix oil well. The well was actually completed as a Jalmat (Gas) well and the name changed to the Carlson-Harrison Federal Com No. 4.

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

SIGNED Michelle Wilcox

TITLE Administrative Assistant

DATE 3-22-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

APR 7 1988

SJS

RECEIVED

APR 11 1988

OCD
HOBBS OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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5. LEASE DESIGNATION AND SERIAL NO.
LC-032579C

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Doyle Hartman	8. FARM OR LEASE NAME Carlson Federal
3. ADDRESS OF OPERATOR Post Office Box 10426 Midland, Texas 79702	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FSL & 660 FWL (L)	10. FIELD AND POOL, OR WILDCAT Jalmat (Gas)
14. PERMIT NO. 30-025-70383	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 22, T-25-S, R-37-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3086.6 G.L.	12. COUNTY OR PARISH Lea
	13. STATE NM

18.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

8-30-85

Perforated well from 3303-3396 with 18 shots. Acidized with a total of 5050 gals of 15% MCA Acid. Tested 3 BOPD and trace of water. Pulled rods and pump and set CIBP at 3280' and CIBP at 3275'. Work completed 9-03-85.

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

SIGNED Michelle Hernandez

TITLE Administrative Assistant

DATE 9-26-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

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APR 11 1938
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