

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR. CATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032579C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Carlson Federal

9. WELL NO.

2

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

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

1650 FSL & 660 FWL (L)

14. PERMIT NO.

30-025-70383

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

3086.6 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)

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.)*

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

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

SEP 27 1985

OFFICE
HONORARY