

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.BOBBS, NEW MEXICO 88270
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-032579-C
2. NAME OF OPERATOR Doyle Hartman		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 10426 Midland, Texas 79702		7. UNIT AGREEMENT NAME
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)		8. FARM OR LEASE NAME Carlson Federal
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3086.6 GL		10. FIELD AND POOL, OR WILDCAT Langlie Mattix
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-25-S, R-37-E
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Reached TD & set casing <input checked="" 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.)*

Drilled well to a total depth of 3625'. Ran 92 joints (3624.04') of 7" OD, 23 lb/ft, LT&C casing and landed at 3625'. Cemented casing with 450 sx of API Class-C cement containing 3% Halliburton Econolite, 1/2 lb/sx Floseal, and 5 lb/sx Gilsonite followed by 300 sx of a 50-50 blend of API Class-C cement and Pozmix A containing 18% salt, 1/2 lb/sx Floseal and 5 lb/sx Gilsonite. Plug down at 4:15 p.m. CDT 8-26-85. Circulated 90 sx excess cement to pits. 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 Amore TITLE Administrative AssistantDATE August 30, 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

SEP 9 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

~~SECRET~~

SEP 11 1985

G. B.
HOBBS OFFICE

DEPARTMENT OF THE INTERIOR
P. O. BOX 1000
HOBBS, NEW MEXICO 88240
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

LC-032579-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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 Langlie Mattix	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 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	

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 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 6:45 p.m. CDT 8-14-85. Drilled to a total depth of 412'.
Ran 10 jts of 9-5/8" OD, 36 lb/ft, ST&C casing and landed at 412'. Cemented
with 200 sacks Class C cement containing 2% gel followed by 150 sacks
Class C cement (total of 350 sacks). Plug down at 12:15 p.m. CDT 8-15-85.
Circulated 77 sacks of excess cement to pits. WOC 18 hours. Pressure tested
casing to 1000 psi. Pressure held okay.

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

SIGNED Michelle SembrerTITLE Administrative AssistantDATE August 16, 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 20 1985

*See Instructions on Reverse Side

CARISBAD, NEW MEXICO

RECEIVED

AUG 22 1985

HOBBY OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPL
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0136
Expires August 31, 1985

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒

GAS
WELL ☐

OTHER

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

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.)*
At surface

1650' FSL & 660' FWL (L)

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

2.125 miles east and 0.375 miles south of Jal, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

660

16. NO. OF ACRES IN LEASE

80

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

330

19. PROPOSED DEPTH

3650

20. ROTARY OR CABLE TOOLS

Rotary

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

3086.6 GL

22. APPROX. DATE WORK WILL START*

August 1985

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
14	9 5/8	36.0	400	350 Circulate
8 3/4	7	23.0	3650	600 Circulate

Before drilling out from under the surface pipe, the well will be equipped with a 3000-psi 10 inch series 900 double-ram hydraulic BOP.

For other necessary BOP data required with this ADP, see attached Drilling Prognosis.

Note: Any gas produced from this well is dedicated to El Paso Natural Gas Company.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

Larry A. Nemo

TITLE

Engineer

DATE

July 26, 1985

(This space for Federal or State office use)

PERMIT NO.

Orig. 88-1-85

APPROVAL DATE

APPROVED BY

TITLE

DATE

8-1-85

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS

*See Instructions On Reverse Side

AUG - 5 1985

[illegible]