

UNITED STATES OF AMERICA  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUBMIT IN TRIPlicate  
(Other instructions on reverse side)  
53240

Form approved.  
Budget Bureau No. 1004-113  
Expires August 31, 1985

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. NM-0766
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 990 FSL & 990 FEL (P)	8. FARM OR LEASE NAME Carlson Federal
14. PERMIT NO. 30-025-70400	9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3081.9 G.L.	10. FIELD AND POOL, OR WILDCAT Langlie Mattix
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 23, T-25-S, R-37-E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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"/>	

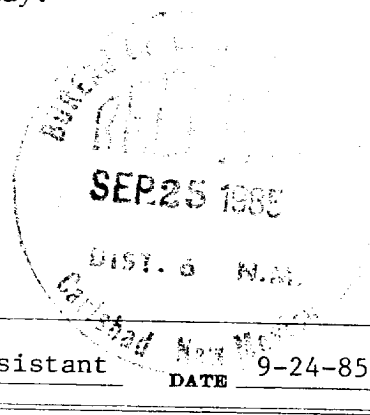
SUBSEQUENT REPORT OF:

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Reach TD &amp; Set Casing</u>	<input checked="" 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 3800'. Ran 96 joints (3803.23') of 7" OD, 26 lb/ft, LT&C casing and landed at 3800'. Ran float shoe and float collar at 3776'. Ran DV tool at 2354'. Cemented casing in two stages. First stage was 350 sx of a 50-50 blend of API Class C cement and Pozmix A containing 18% salt, 1/4 lb/sx Floseal, and 2-1/2 lb/sx Gilsonite. Plug down at 7:00 p.m. CDT 9-21-85. Opened DV tool and circulated 75 sx excess cement to pit. Circulated 4 hours between stages. Second stage consisted of 400 sx of Class C cement containing 3% Halliburton Econolite, 1/4 lb/sx Floseal & 2-1/2 lb/sx Gilsonite, followed by 200 sx of a 50-50 blend of API Class C cement and Pozmix A containing 18% salt, 1/4 lb/sx Floseal and 2-1/2 lb/sx Gilsonite. Plug down at 12:45 a.m. CDT 9-22-85. Circulated 120 sx excess cement to pit. Closed DV tool and pressure tested casing to 1500 psi. Pressure held okay. Released pressure and float held okay.



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

SIGNED Michelle Nemecek

TITLE Administrative Assistant

DATE 9-24-85

(This space for Federal or State office use)

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

TITLE

DATE

OCT 1 1985

\*See Instructions on Reverse Side

RECEIVED  
OCT - 8 1985  
O.C.D. OFFICE  
HOBB'S OFFICE