

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

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. 4	
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)		10. FIELD AND POOL, OR WILDCAT Langlie Mattix	
14. PERMIT NO. 30-025-70400		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T-25-S, R-37-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3081.9 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:		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) Spud & set casing <input type="checkbox"/>	(Other) <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.) *

Spudded well at 7:30 p.m. CDT 9-10-85. Drilled 14-3/4" hole to a total depth of 435'. Ran 11 joints (437.56') of 9-5/8" OD, 40 lb/ft, ST&C casing and landed at 435'. Cemented with 200 sx of Class C cement. Plug down at 9:00 a.m. CDT 9-11-85. Circulated 35 sx of excess cement to pit.

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

SIGNED Michelle Hernandez TITLE Administrative Assistant DATE Sept. 13, 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL IF ANY

TITLE _____

DATE _____

SEP 17 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO