

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other Instructions on Reverse Side)DATE
n reForm approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032579-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Carlson-Harrison Fed Com

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Jalmat (Gas)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 27, T-25-S, R-37-E

12. COUNTY OR PARISH 13. STATE

Lea

NM

SUNDRY NOTICES AND REPORTS ON WELLS 88240
(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 ☒ OTHER2. NAME OF OPERATOR
Doyle Hartman3. ADDRESS OF OPERATOR
Post Office Box 10426 Midland, Texas 797024. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

330' FNL & 1650' FWL (C)

14. PERMIT NO.

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

3062.1 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) Spud & set surface 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 5:00 p.m. CST 11-18-85. Drilled well to a total depth of 412'. Ran 11 joints (415.62') of 9-5/8" OD, 36 lb/ft, ST&C casing & landed at 412'. Cemented with 350 sx API Class C cement containing 2% CaCl. Plug down at 12:30 p.m. CST 11-19-85. Circulated 20 sx of excess cement to pit. WOC 18 hours. Tested to 1000 psi. Pressure held okay.

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

SIGNED Michelle Starnes TITLE Administrative AssistantDATE November 21, 1985

(This space for Federal or State office use)

APPROVED BY FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 25 1985

*See Instructions on Reverse Side

CARISBAD, NEW MEXICO

RECEIVED
NOV 27 1985
O.C.2.
HOBBS OFFICE