Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Linerals and Natural Resources Department						
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-29579 5. Indicate Type of Lease				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	2		6. State Oil & Gas Lease No.				
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" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name				
1. Type of Well: OL WELL OAS WELL XX	OTHER		Dabbs				
Name of Operator Doyle Hartman Address of Operator			8. Well No. 3				
· · ·	, Midland, Texas 79702		9. Pool name or Wildcat Jalmat (Gas)				
Unit Letter <u>M</u> : <u>990</u>	Feet From The South	Line and 660	Feet From The West Line				
Section 34 Township 25-South Range 37-East NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3001.5 G.L.							
11. Check A NOTICE OF INT	Appropriate Box to Indicate I ENTION TO:		port, or Other Data SEQUENT REPORT OF:				
		REMEDIAL WORK					
	CHANGE PLANS	COMMENCE DRILLING	OPNS. X PLUG AND ABANDONMENT				
PULL OR ALTER CASING							
OTHER:		OTHER:	· · · · · · · · · · · · · · · · · · ·				
12. Describe Proposed or Completed Operations (Clearly state all periment details, and give periment dates, including estimated date of starting any proposed work) SEE RULE 1103. Spudded well at 8:00 AM CDT 8-28-89. Drilled 12-1/4 inch hole to a total depth of 455 feet RKB. Ran 11 joints of 9-5/8" OD, 36 lb/ft, J-55, ST&C casing equipped with a guide shoe, float collar and five centralizers and landed at 448 feet RKB. Cemented casing with 350 sacks of API Class-C cement containing 2% CaCl ₂ . Plugdown at 3:00 PM CDT 8-28-89. Circulated 100 sacks of excess cement to pit. WOC 18 hours. Pressure tested casing to 1200 psi. Pressure held okay. Released pressure and float held okay.							

I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE	michelle (1): loa	TITLE	Administrative Assistant	date8-3	0-89		
TYPE OR PRINT NAME	Michelle Wilcox			TELEPHONE NO. 9	15/684-4011		
(This space for State Use	Orig. Signed by Paul Kautz Geologist			SEP	6 1989		
APPROVED BY	<u>.</u>	— тп.е		DATE			

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CONDIT	TONS OF	APPROV	'AL. ሆ	ANY: