Submit 3 Copies	State of New	Mexico		
to Appropriate District Office	Energy, Inerals and Natural Resources Department			Form C-103 Revised 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT P.O. Box		WELL API NO. 30-025-3	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Canto To Ma March 1000		5. Indicate Type o	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	ر زر		6. State Oil & Gas	STATEXX FEE
			B-229-1	
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.)				Unit Agreement Name
1. Type of Well: OIL GAS			1	
2. Name of Operator	OTHER		Arnott R	amsay "NCT-B"
			8. Well No.	
Doyle Hartman 3. Address of Operator			9. Pool name or Wildcat	
P. O. Box 10426, Midland, Texas 4. Well Location				
			Jalmat (Gas)
Unit Letter : 990	Feet From The South	Line and1	980 Feet From	The <u>East</u> Line
Section 32	Township 25-South	Range 37-East	NMPM Lea	
	10. Elevation (Show when 2992.4 G.	her DF, RKB, RT, GR, etc.)		County
11. Check	Appropriate Box to Indicat	e Nature of Notice R	enort or Other	Doto
NOTICE OF INT	ENTION TO:		SEQUENT RE	
	CHANGE PLANS			
PULL OR ALTER CASING	L.	CASING TEST AND CE	·	
OTHER:	г	CASING TEST AND CE	MENT JOB 12 2	
12. Describe Proposed or Completed Operati work) SEE RULE 1103.	ions (Clearly state all pertinent details	, and give pertinent dates, includ	ing estimated date of s	claring any proposed
Spudded well at 7:00 AM Ran 11 joints of 9-5/8" with a guide shoe and f sacks of API Class-C cer to pit. WOC 18-1/2 hour	OD, 36 lb/ft, Limited Loat collar and landed Ment with 2% CaCl add	d Service, ST&C ca d at 449.06' RKB. itive. Circulated	Cemented ca	5') equipped ising with 300
I hereby certify that the information above is true	and complete to the best of my knowledge a	nd belief.		
SIONATURE	0	me <u>Administrati</u>	ve Assistant	DATE
TYPE OR PRINT NAME Peggie St				телерноме NO. 915/684-401
(This space for State Use) ORIGINAL SIGNED DISTRICT 1 S	UPERVISOR	TLE		SEP 1 2 1989
CONDITIONS OF APPROVAL, IF ANY:				– DATE

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