(November 1983) (Formerly 9-331) BURE	UNIT O STATES TMEN) OF THE INTER	SUBMIT IN TRIPI (Other instructions verse side)	Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.
SUNDRY NO	AU OF LAND MANAGEMENTICES AND REPORTS		LC-032326-A C. IF INDIAN, ALLOTTEE OR TRIBE NAME
Use "APPLIC	ORAIS to drill or to deepen or plug CATION FOR PERMIT—" for such	back to a different reservoir.	
WELL Y OTHER 2. NAME OF OPERATOR			7. UNIT AGREEMENT NAME
Doyle Hartman 3. ADDRESS OF OPERATOR			8. FARM OR LEASE NAME
P. O. Box 10426, Midland, Texas 79702 1. Location of Well (Report location clearly and in accordance with any State requirements. A: surface			9. WELL NO.
At surface 2180' FSL & 1980' FEL	Section 20 (J)	r State requirements.*	11 10. FIELD AND POOL, OR WILDCAT Jalmat (Tansil-Yates-7R) 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether pr	RT (ID also	Section 20, T-24-S, R-37-E NMPM
10	3265.5 G.L.		12. COUNTY OR PARISH 13. STATE
Check Ap	ppropriate Box To Indicase N	lature of Notice Pare	Lea New Mexico
NOTICE OF INTENT	тюм то:		Other Data FOURNT REPORT OF:
FEACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPER Proposed work. If well is direction nent to this work.) Drilled 8-3/4" hole to T.I Logged w/SDL-DSN and DLL-NN-80 casing equipped with casing at 3469' RKB. Ceme Econolite + 5 #/sx Gilsoni Class "C" comparts). of 3472' RKB. ReadGL. Ran 91 jts (345) a float shoe, latchdoented casing w/630 sx te + 1/4 #/sx Flocelex "A" containing 2% of	water shut-off Fracture treatment shooting or acidizing (Other) TD well ar (Note: Report resultation or Recommendation of Recommendation	REPAIRING WELL, ALTERING CASING ABANDONMENT* and set casing ts of multiple completion on Well pletion Report and Log form.) s. Including estimated date of starting any cal depths for all markers and zones perti- @ 2:30 PM CDT 10-31-89. and 23 #/ft, J-55 and and 18 centralizers. Set im cement containing 3% of 50-50% blend of April
		Adr	
		2 <u>1</u> 4 k	
I hereby certify the	Ω		
I hereby certify that the foregoing is tru	e and correct		
(This space for Federal or State office us			
The state of the s	TITLE Eng	Sineer	- DATE
APPROVED BY	TITLEEng	gineer	11-21-89