

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-25528

Indicate Type of Lease
STATE ☐ FEE ☒

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.)

Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

Name of Operator
Doyle Hartman

Address of Operator
P. O. Box 10426, Midland, TX 79702

Lease Name or Unit Agreement Name
Yuronka Cooper

Well No.
1

Pool name or Wildcat
Langlie Mattix - 7RGGB

Well Location
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line
Section 8 Township 24S Range 37E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Casing Integrity Test ☐

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3-24-98 - Set Halliburton retainer at 3383' on wire line

3-25-98 - Load 4-1/2" casing with corrosion inhibited water

3-26-98 - Called NMOCD to witness integrity test 3-27-98.

3-27-98 - Tested 4-1/2" casing for integrity to 500 psi, tested good.

Chart attached.

Doyle Hartman respectfully requests that this well be temporarily abandoned.

This Approval of Temporary
Abandonment Expires 4/3/2003

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Don L. Mosshart TITLE Engineer DATE 03-31-98

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

5
C
SN