Form 9-331 (May 1963) DEPAR	LITED STATES AND SUBMIT IN T. ICATE ON THE MENT OF THE HOLDS NEW MEXICO BRIDAD		Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM-0321613
(Do not use this form for prop Use "APPLI	TICES AND REPORTS (posals to drill or to deepen or plug to CATION FOR PERMIT—" for such p	ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL GAS WELL OTHER			7. UNIT AGREEMENT NAME
2. NAME OF OFERATOR Doyle Hartman			8. FARM OR LEASE NAME E. E. Jack
3. Address of operator Post Office Box 1042	6 Midland, Texas 79702		9. WELL NO. 5
. LOCATION OF WELL (Report location See also space 17 below.)	clearly and in accordance with any State requirements.*		10. FIELD AND POOL, OR WILDCAT
At surface 990 FNL & 660 FWL (D) Section 8			Jalmat (Gas) 11. sec., t., e., M., or blk. and SUBVEY OR ABEA
			Section 8, T-24-S, R-37-
4. PERMIT NO. 30-025-70299	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3312.0 G.L.		12. COUNTY OR PARISH 13. STATE Lea NM
^{8.} Check A	ppropriate Box To Indicate N	ature of Notice, Report, or OI	her Data
NOTICE OF INTE	ENTION TO:	SUBSEQUE	NT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	(Other) <u>See Gasting</u> (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		
Drilled well to 26 lb/ft, LT&C c API Class C ceme and 5 lb/sx Gils C cement and Poz Gilsonite (total Circulated 375 s	a total depth of 3500 asing and landed at 34 nt containing 3% Hall: onite. Followed by 35 mix A containing 18% s of 1150 sx cement). x excess cement to pin d okay. Released pres	'. Ran 90 joints (349 498'. Cemented casin iburton Econolite, 1/2 50 sx of a 50-50 blend salt, 1/2 lb/sx Flosea Plug down at 11:45 p. ts. Pressure tested c	eg with 800 sx 2 lb/sx Floseal, 1 of API Class 11 and 5'lb/sx m. CDT 10-04-85. asing to 1500 psi
			T15 1935
8. I hereby certify that the foregoing i			
SIGNED Michelle Herr		nistrative Assistant	DATE October 11, 198
(This space for Federal or State off	ice use)		
APPROVED BY ACCOUNTED F CONDITIONS OF APPROVAL, IF	役	on Reverse Side	DATE
MANIER ATS S			
CARISEAD N	ne coalo		

