Submit One Copy To Appropriate District Office	te District State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised November 3, 2011			
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II	Energy, Mineral	is and matu	rai Resources	WELL API	NO.	
811 S. First St., Artesia, NM 88210	OIL CONSER	VATION	DIVISION	30-005-627		
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE STATE			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa J	Fe, NM 87	505		& Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM				LG-7426		
87505 SUNDRY NOTICE	ES AND REPORTS (7 Lesse N	ame or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.)	LS TO DRILL OR TO DE FION FOR PERMIT" (FO	EEPEN OR PLU RM C-101) FC	JG BACK TO A DR SUCH		" State Battery #1	
	as Well 🗍 Other		ISERVATION	8. Well Nu	mber #10	
2. Name of Operator		ARTESIA	DISTRICT	9. OGRID	Number	
Hanson Operating Company, Inc.		SEP 0	3 2014	009974		
3. Address of Operator				10. Pool name or Wildcat		
P O Box 1515, Roswell, NM 88202-	1515		IVED	Diablo San	Andres	
4. Well Location		RECE				
Unit Letter <u>G</u> : <u>1650</u> feet	from the North line	and <u>2310</u> fe	et from the <u>East</u> line	e		
	0 South Range 27 E					
	11. Elevation <i>(Show v</i> 3811' GR	whether DR,	RKB, RT, GR, etc.)	· · · · · · · · · · · · · · · · · · ·		
12. Check Appropriate Box to L	ndicate Nature of	Notice, Re	eport or Other D	ata		
	ENTION TO: PLUG AND ABANDO CHANGE PLANS MULTIPLE COMPL	N 	SUB REMEDIAL WORI COMMENCE DRI CASING/CEMENT	K LLING OPNS	REPORT OF: ALTERING CASING P AND A	
OTHER:			☑ Location is re	ady for OCD	inspection after P&A	
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.						
 Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the 						
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR						
UNIT LETTER, SECTION,						
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.						
 The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed 						
from lease and well location.						
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)						
All other environmental concerns have been addressed as per OCD rules.						
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-						
retrieved flow lines and pipelines.						
If this is a one-well lease or last re location, except for utility's distribution		e: all electric	al service poles and	l lines have b	een removed from lease and well	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.						
signature Carol J.	Amith	_TITLE_ <u>P</u>	roduction		DATE <u>08/28//2014</u>	
TYPE OR PRINT NAME <u>Carol J. Sm</u>	ith	E-MAIL:	hanson@dfn.co	n m	PHONE: 575-622-7330	
For State Use Only			<u>µанзон</u> (@/u111.C	<u>, , , , , , , , , , , , , , , , , , , </u>	E HONE, <u>373-044-7330</u>	

APPROVED BY: Hon Harry	TITLE Comp Officer	DATE 9-17-14
Conditions of Approval (if any):	(X to Release,	