Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

5. Lease Serial No.

NMLC068282B

SUNDR	Y NOTICES AND F	REPORTS ON WE	LLS	NMLC068282B	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE – Other instructions on page 2				7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well					
Oil Well Gas Well Other 2. Name of Operator				8. Well Name and No.	
Hanson Operating Company, Inc.				Hanson Federal #3	
3a. Address 3b. Phone No. (include area code)				30-015-05870	
P.O. Box 1515, Roswell, NM 88202-1515 575-622-7330				10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				North Mason Delaware	
Sec 25, T26S, R31E				11. County or Parish, State	
1650'FSL, 330'FWL, Unit L, NW/4SW/4 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REP				Eddy Co, NM PORT, OR OTHER DATA	
TYPE OF SUBMISSION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TYPE OF ACTION		
	Acidize	Deepen	Production (Start/Resume	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamantion	Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete	Other	
5.72	Change Plans	Plug and Abandon	Temporarily Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
3804'. WOC. 08/31/17 Fag 805'. Perf'd csg @ 400'. Sq 09/11/17 Moved in backhoo Backfilled cellar. Cut off do	plug @ 3818'. Perf'oz'd 120 sx class C cn and welder. Dug or eadmen. Cleaned loo	d csg @ 940'. Sqz'd nt @ 400' & circula ut cellar. Cut off wo cation, moved off.	50 sx class C cmt @ ted to surface. 09/01/	'. Spotted 30 sx class C cmt @ 4100- 940-822'. WOC. Tagged plug @ 17 Rigged down and moved off. Above ground Dry Hole Marker''.	
Accepted for record - NMOCD NM OIL CONSERVATION ARTESIA DISTRICT					
			OCT 2 0 2017	RECLAMATION DUE_3-11-18	
			RECEIVED		
14. I hereby certify that the foregoing is Name (Printed/Typed)	true and correct.)				
Carol J. Sm	ith,	Title	Production		
Signature Carol	J. Smit	L Date	9/21/2017		
1 115 2	C TIUC CDACE		R STATE OFFICE	USE	
4ccepted for Keroce					
Approved by James	a. am		Title SCET	Date 10-4-17	
Conditions of approval, if any, are attach the applicant holds legal or equitable title applicant to conduct operations thereon.			Office LAD		
		t a crime for any person knows to any matter within its juri		any department or agency of the United	