

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

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.)		WELL API NO. <b>30-005-62973</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>Hanson Operating Company, Inc.</b>		6. State Oil & Gas Lease No. <b>V-2982</b>
3. Address of Operator <b>P.O. Box 1515 Roswell, NM 88202-1515</b>		7. Lease Name or Unit Agreement Name <b>Quincy AMQ State</b>
4. Well Location Unit Letter <b>D</b> : <b>990</b> feet from the <b>N</b> line and <b>330</b> feet from the <b>W</b> line Section <b>12</b> Township <b>8S</b> Range <b>27E</b> NMPM County <b>Chaves</b>		8. Well Number <b>2</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3981' GR</b>		9. OGRID Number <b>009974</b>
		10. Pool name or Wildcat <b>Acme San Andres, Southeast</b>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07/06/18 MIRU plugging equipment. POH w/ rods & pump. ND well head, NU BOP. POH w/ tbg. Set 5 1/2" CIBP @ 2100'. Circulate hole w/ MLF. Pressure tested csg, held 500 psi. Spotted 25 sx class C cmt @ 2100-1853'. WOC. 07/09/18 Tagged plug @ 1910'. Spotted 25 sx class C cmt w/ 2% CACL @ 850-593'. WOC. Tagged plug @ 580'. Perf'd csg @ 500'. ND BOP. Sqz'd 160 sx class C cmt @ 500' & circulated to surface. Rigged down and moved off. ~~07/12/18~~ Moved in backhoe and welder. Dug out cellar. Cut off well head. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Cut off deadmen. Cleaned location, & moved off.

RECEIVED

JUL 26 2018

Spud Date:

Rig Release Date:

DISTRICT II-ARTESIA O.C.D.

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

SIGNATURE Carol J. Smith TITLE Production Analyst DATE 7/17/2018

Type or print name Carol J. Smith E-mail address: hanson@dfn.com PHONE: 575-622-7330  
**For State Use Only**

APPROVED BY: [Signature] TITLE Staff DATE 7-27-18  
Conditions of Approval (if any):