| Submit One Copy To Appropriate Office | state State | Form C-103 | | | | |
|---|---|--|--|--------------------------------------|----------------|--|
| District I 1625 N. French Dr., Hobbs, NM | 64 27 | rals and Natural Resources | WELL API NO | Revised Novem | ber 3, 2011 | |
| District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. 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 PLUIG BACK TO A | | | 30-005-62983 | | | |
| District III | | | 5. Indicate Type of Lease | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505 | | | STATE FEE 6. State Oil & Gas Lease No. | | | |
| 1220 S. St. Francis Dr., Santa Fe, NMCTILAN | | | V-2982 | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | 7. Lease Name or Unit Agreement Name | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | Quincy AMQ State | | | |
| PROPOSALS.) 1. Type of Well: ☑Oil Well ☐ Gas Well ☐ Other | | | 8. Well Number | 8. Well Number #3 | | |
| Name of Operator Hanson Operating Company, Inc. | | | 9. OGRID Number 009974 | | | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | | | |
| P O Box 1515, Roswell, New Mexico 88202-1515 | | | 00800 Acme San Andres, Southeast | | | |
| 4. Well Location | | | <u> </u> | | | |
| Unit Letter_D | | rth line and <u>990</u> feet from the <u>\</u> | <u>Vest</u> line | | | |
| Section 12 | | East NMPMChavesCounty_ | | | | |
| | ্রি ু (১৯) 3978' GR | w whether DR, RKB, RT, GR, etc | 1.43 | | | |
| 12. Check Appropriate | Box to Indicate Nature | of Notice, Report or Other I | Data | | | |
| NOTICE | OF INTENTION TO: | SUE | SEQUENT R | REPORT OF: | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | _ | ALTERING CA | SING 🔲 I | |
| | | | RILLING OPNS. | P AND A | | |
| FULL ON ALTER CASING | ☐ MOLTIPLE COMP | L CASING/CEMEN | NI JOB 🗌 | | | |
| OTHER: | | ☐ ⊠ Location is | ready for OCD ins | spection after P& | Α | |
| ✓ All pits have been remed ✓ Rat hole and cellar have | diated in compliance with O | CD rules and the terms of the Op thodic protection holes have been | erator's pit permit | and closure plan. | | |
| A steel marker at least 4 | 1" in diameter and at least 4' | above ground level has been set | in concrete. It sho | ned. ows the | | |
| | | | | | | |
| OPERATOR NAM UNIT LETTER S | <u>4E, LEASE NAME, WELL</u> ECTION TOWNSHIP AT | L NUMBER, API NUMBER, Q ND RANGE. All INFORMATI | UARTER/QUAR | TER LOCATIO | <u>N OR</u> | |
| PERMANENTLY | STAMPED ON THE MAI | RKER'S SURFACE. | ON HAS BEEN | WELDED OK | | |
| • | , | • | | | | |
| other production equipment | eveled as nearly as possible to | o original ground contour and ha | s been cleared of a | ıll junk, trash, flow | / lines and | |
| Anchors, dead men, tie | downs and risers have been do | cut off at least two feet below gro | ound level. | | | |
| ✓ If this is a one-well leas | se or last remaining well on le | ease, the battery and pit location(| s) have been reme | diated in compliar | ice with | |
| ocd rules and the terms of t | the Operator's pit permit and | closure plan. All flow lines, pro | duction equipmen | t and junk have be | en removed | |
| All metal bolts and other | r materials have been remove | d. Portable bases have been rem | oved. (Poured ons | site concrete bases | do not have | |
| to be removed.) | on location + 1 | ed as per OCD rules. | mored | | uo 1101 1141 ¢ | |
| All other environmental | l concerns have been address | sed as per OCD rules. | | 1.0 | | |
| retrieved flow lines and pipe | clines. A L | cordance with 19.15.35.10 NMA | . All fluids have | been removed tro | m non- | |
| ☑ If this is a one-well leas | e or last remaining well on le | ease: all electrical service polès a | nd lines have been | removed from lea | ase and well | |
| location, except for utility's | distribution infrastructure. | Flow Lines Not | Kemored | | | |
| When all work has been com | npleted, return this form to th | e appropriate District office to so | hedule an inspecti | on. | | |
| SIGNATURE (AAA | 00 1 | more on Decade 41 - A 1 | _1 | 0.000.00 | 040 | |
| SIGNATURE CONS | e J. Smith | TITLE Production Analy | Sī . | DATE 6/26/2 | 719 | |
| TYPE OR PRINT NAME C | Carol J. Smith | E-MAIL: hanson@dfn.co | om | PHONE: 575-6 | 322-7330 | |
| For State Use Only | DENIED | | IED | , | | |
| $\Delta PPR \cap VED RV$ | | TITLE | | D + TT | | |

N.7