

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

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

WELL API NO. 30-005-63053
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-2982
7. Lease Name or Unit Agreement Name Quincy AMQ State
8. Well Number #10
9. OGRID Number 009974
10. Pool name or Wildcat Acme San Andres Southeast

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.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Hanson Operating Company, Inc.

3. Address of Operator
P. O. Box 1515, Roswell, NM 88202-1515

4. Well Location
Unit Letter K : 2310 feet from the South line and 1650 feet from the West line
Section 12 Township 8 South Range 27 East NMPM Chaves County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3943' GR

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater >100' Distance from nearest fresh water well >2 miles Distance from nearest surface water >10 miles

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

JAN 05 2009
 OCD-ARTESIA

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"/>	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Plug and abandon well as follows:

11/4/2008: MIRU. SD.
 11/5/2008: Set CIBP at 2050'. Circulate hole with 10# brine with 12.5# per barrel salt water gel. Spot 25 sack cement plug on CIBP. Perforate 4 squeeze holes at 460'. Unable to break down perms. Pump 50 sack cement plug inside 5 1/2" casing and circulate to surface. Well plugged and abandoned.

Clean and remediate location, and set Dry Hole Marker by January 31, 2009.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Carol J. Smith TITLE Production Analyst DATE 12/31/2008
 Type or print name Carol J. Smith E-mail address: hanson@dfn.com Telephone No. 505-622-7330

APPROVED BY: Accepted for record TITLE _____
 Conditions of Approval (if any): NMOCD

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms. www.emr.d.state.nm.us/oed.

DATE 1/6/09