

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-029387-D

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐ NM OIL CONS COMMISSION

2. NAME OF OPERATOR  
Hanson Operating Company, Inc. ✓ Drawer DD  
Artesia, NM 88210

3. ADDRESS OF OPERATOR  
P.O. Box 1515, Roswell, New Mexico 88202-1515

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

Unit M, 930' FSL & 660' FWL

7. UNIT AGREEMENT NAME

B.S.W.U.

8. FARM OR LEASE NAME

9. WELL NO.

#30

10. FIELD AND POOL, OR WILDCAT

Shugart(Y-SR-Q-GR)

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec.30, T.18S, R.31E

14. PERMIT NO.  
30-015-25966

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3561' GR

12. COUNTY OR PARISH  
Eddy

13. STATE  
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☒

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

On 12/29/93, set a CIBP at 3430' and capped with 35' cement. Perforated 7 Rivers from 2469' to 2487' with 2 SPF.

On 12/30/93, acidized 7 Rivers perforations with 1000 gallons of 15% HCL Acid.

On 12/31/93, fracture stimulated the 7 Rivers perforations as follows:

16,000 gallons of gelled water with 36,800# 16/30 sand.

On 01/03/94, ran in hole with 5 1/2" Baker plastic coated AD-1 injection packer on 2 3/8" plastic coated tubing. Circulated well with packer fluid and set packer at 2400'.

On 01/04/94, pressure tested casing to 500 PSI. Tested OK. Test witnessed by Mike Stubblefield with NMOCD.

J. L. Lora  
JAN 2 9 1994

18. I hereby certify that the foregoing is true and correct

SIGNED Patricia A. McLean

TITLE Production Analyst

DATE 01/10/94

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side