

RECEIVED BY DEPT OF THE INTERIOR BUREAU OF LAND MANAGEMENT
JAN 9 1985 SUNDRY NOTICES AND REPORTS ON WELLS
Artesia, NM 88210
1. O.C.D.
ARTESIA, OFFICE
WELL ☒ OTHER ☐
2. NAME OF OPERATOR
HANSON OPERATING COMPANY, INC. ✓
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
330' FSL & 2310' FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3145' GR
5. LEASE DESIGNATION AND SERIAL NO.
LC 068282-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
HANSON FEDERAL
9. WELL NO.
8
10. FIELD AND POOL, OR WILDCAT
Brushy Canyon Wildcat
11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T. 26S, R. 31E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANE	☐
(Other)	☐		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☒	ABANDONMENT*	☐
(Other)	☐		

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.)

Perf @ 8067', 68', 72', 73', 74', 75' & 76' (7 shots).
Perf @ 8082', 83', 84', 85', 86', 87' & 88' (7 shots).
Acidized w/2000 gals 15% NEFE.
Perf @ interval 6965' - 6985' (21 shots).
Set RBP @ 7113' & tested to 1500# - held OK.
Acidized w/2000 gals 15% NEFE.

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

SIGNED Brenda R. Witt TITLE Production Analyst DATE 01/04/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

[Signature]

*See Instructions on Reverse Side