

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease State ☐ FEDERAL Fee ☐
5. State Oil & Gas Lease No.

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. OIL WELL ☐ GAS WELL ☐ OTHER- <u>WATER INJECTION WELL</u>	7. Unit Agreement Name
2. Name of Operator <u>TREASO PETROLEUM CORPORATION</u>	8. Farm or Lease Name <u>HANSON FEDERAL</u>
3. Address of Operator <u>8700 TREASO DRIVE SAN ANTONIO TX 78286</u>	9. Well No. <u>21</u>
4. Location of Well UNIT LETTER <u>K</u> <u>1335</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>2635</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>6</u> TOWNSHIP <u>17 N</u> RANGE <u>8 W</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>HOSPAN</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>6876' GR</u>	12. County <u>McKINLEY</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER ☐

17. 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.

TD 1530'
PBD 1525'
PDRFS 1496'-1516'
7" CSG AT 63'
4 1/2" CSG AT 1529'

PROCEDURE: SPOT CEMENT PLUG 1396-1496' (10SX) + 0'-10' (1SX)

RECEIVED
MAR 04 1987
OIL CONSERVATION DIV.

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

SIGNED Charles J. Gholson TITLE AREA PRODUCTION MANAGER DATE 2/27/87

Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3

MAR 04 1987

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: