

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-11757

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Candy Butte

9. WELL NO.

#3

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 8, T.17N, R.2W

12. COUNTY OR PARISH 13. STATE

Sandoval

New Mexico

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 ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Hanson Oil Corporation

3. ADDRESS OF OPERATOR

P. O. Box 1515, Roswell, New Mexico 88201

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

660' FNL & 660' FWL

14. PERMIT NO.

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

6633' G.L.

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOT OR ACIDIZE ☐ABANDON* ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) Drilling ahead & set surf csg ☒(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 perti-
nent to this work.)*2-10-80 Finished rigging up and resumed drilling @ 4 PM on 2-10-80, 12 1/4" hole
to 319'.2-11-80 TD 321' Ran 8 jts of 8-5/8" 24# 8R casing (314.06'), guide shoe 1.50'.
Ran 3 centralizers. Cemented with 235 sx Class "B" cement, 2% CaCl, 1/4#
flocele, Wt 16.0#. Float held okay. Tested BOP to 1000 psi - held okay.
Circulated cement.

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

SIGNED

Louise K. Schmitt

TITLE

Production Clerk

(This space for Federal or State office use)

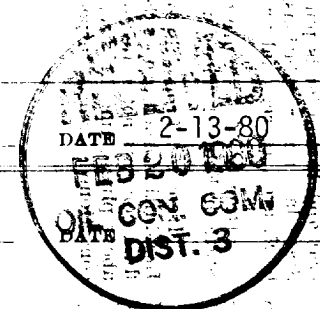
ACCEPTED FOR RECORD

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

FEB 19 1980



*See Instructions on Reverse Side