

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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. NAME OF OPERATOR Hanson Oil Corporation		14. PERMIT NO.	
2. ADDRESS OF OPERATOR P. O. Box 1515, Roswell, New Mexico 88201		15. ELEVATIONS (Show whether ft., m., etc.) 6340' G.L.	
3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 660' FNL & 1980' FEL		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	
4. FIELD AND POOL, OR WILDCAT Wildcat		17. COUNTY OR PARISH, 13. STATE Sandoval New Mexico	
5. WELL NO. #2		18. SEC., T., R., OR BLK. AND Sec. 25, T. 17N, R. 3W	
6. FARM OR LEASE NAME Candy Butte		19. UNIT AGREEMENT NAME	
7. IF INDIAN, ALLOTTEE OR TRIBE NAME		20. LEASE DESIGNATION AND SERIAL NO. NM-10203	

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	FRAC TURE TREAT	FRAC TURE TREATMENT	WATER SHUT-OFF
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT
REPAIR WELL	CHANGE PLANS	(Other)	Run & Set Production Casing
☐ MULTIPLE COMPLETE ☐ PULL OR ALTER CASING ☐		☐ ALTERING CASING ☐	

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.)

12-22-79 T.D. 3492' - Ran 87 jts of 4 1/2" 9.5# K-55 ST&C casing for 3510.75', 1 guide shoe, 1 float collar & 12 centralizers. Cemented w/180 sx HOWCO lite, 1/4# flocele at 13.6#/gal, 280 sx class "B", 1/4# flocele, .5% Halad 3, 1% CFR-2 Pumped cmt @ 800 psi, pump plug to 1300 psi. Float held okay. RELEASED RIG @ 1:00 AM on 12-23-79.



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

SIGNED James F. [Signature] TITLE Production Clerk DATE 12/27/79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side