| Casing S<br>Csg.Perf. | _@w                  | Sx. Int.   |     | w            | Sx. Pr<br>Prod. Stim. |          |     | w | Sx. T.    |    | @ | T<br>R  |
|-----------------------|----------------------|------------|-----|--------------|-----------------------|----------|-----|---|-----------|----|---|---------|
| Р                     | BO/D<br>_MCF/D After | Hrs. \$ICP | PSI | AfterD       | lays GOR              |          | rav |   | 1 st Del. |    | s | Ñ<br>s  |
|                       | TOPS                 | NITD       | Х   | Well Log     |                       | TEST DAT | Α   |   |           |    |   |         |
| Kirtland              |                      | C-103      |     | Plat         | Χ                     | Schd.    | PC  | Q | PW        | PD | D | Ref.No. |
| Fruitland             |                      | C-104      |     | Electric Log |                       |          |     |   |           |    |   |         |
| Pictured Cliffs       |                      |            |     | C-122        |                       |          |     |   |           |    |   |         |
| Cliff House           |                      | Ditr       |     | Dfa          |                       |          |     |   |           |    |   |         |
| Menefee               |                      | Datr       |     | Dac          |                       |          |     |   |           |    |   |         |
| Point Lookout         |                      |            |     |              |                       |          |     |   |           |    |   |         |
| Mancos                |                      |            |     |              |                       |          |     |   |           |    |   |         |
| Gallup                |                      |            |     |              |                       |          |     |   |           |    |   |         |
| Sanostee              |                      |            |     |              |                       |          |     |   |           |    |   |         |
| Greenhorn             |                      |            |     |              |                       |          |     |   |           |    |   |         |
| Dakota                |                      | ]          |     |              |                       |          |     |   |           |    |   |         |
| Morrison              |                      |            |     |              |                       |          |     |   |           |    |   |         |
| Entr <b>od</b> a      |                      |            |     |              |                       |          | į   |   |           |    |   |         |
|                       |                      |            |     |              | 40                    |          |     |   |           |    |   |         |

Candy Butte #5 M-5-17N-2W

Hanson Oil Corporation

## **UNITED STATES** UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-21443

GEOLOGICAL SURVEY

| SUNDRY                             | NOTICES AND REPORTS                                                      | S ON WELLS                                | O. IF INDIAN, ALLOT                                     | TEE OR TEIBE NAME |
|------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|-------------------|
| (Do not use this form for          | proposals to drill or to deepen or pl<br>PPLICATION FOR PERMIT—" for suc | ug back to a different reservoir.         |                                                         | -                 |
| 1.                                 | THORION FOR TERMIT— 101 Su                                               | in proposais.                             | 7. UNIT AGREEMENT                                       | NAME              |
| GIL V GAS                          | CHER                                                                     |                                           |                                                         | 11 CL -12 AF      |
| 2. NAME OF OPERATOR                |                                                                          |                                           | 8. FARM OR LEASE                                        | NAME              |
| Hanson Oil Corpora                 | tion                                                                     |                                           | Candy Butt                                              | ·e                |
| 3. ADDRESS OF OPERATOR             |                                                                          |                                           | 9. WELL NO.                                             |                   |
| P.O. Box 1515 Ro                   | swell, NM 88210 ention clearly and in accordance with                    |                                           | 5                                                       | ·                 |
| See also space 17 below.)          | cation clearly and in accordance with                                    | any State requirements.*                  | 10. FIELD AND POOL                                      | , OR WILDCAT      |
| At surface                         |                                                                          |                                           | Wildcat<br>11. sec., T., R., M., C                      | AD DIV AND        |
| 660' FWL & 660' FS                 | L                                                                        |                                           | SURVEY OR AS                                            | REA               |
|                                    |                                                                          |                                           | Sec. 5, T.                                              | 17N, R.2W         |
| 14. PERMIT NO.                     | 15. ELEVATIONS (Show whether                                             | er DF, RT, GR, etc.)                      | 12. COUNTY OR PAR                                       | ISH 13. STATE     |
|                                    | 65                                                                       | 95 GL                                     | Sandova]                                                | New Mexico        |
| 16. Che                            | ck Appropriate Box To Indicate                                           | e Nature of Notice, Report, o             | r Other Data                                            |                   |
|                                    | F INTENTION TO:                                                          |                                           | SEQUENT REPORT OF:                                      |                   |
| TEST WATER SHUT-OFF                | PULL OR ALTER CASING                                                     | WATER SHUT-OFF                            | REPAIRIN                                                | 0 200             |
| FRACTURE TREAT                     | MULTIPLE COMPLETE                                                        | FRACTURE TREATMENT                        | ALTERING                                                | ·                 |
| SHOOT OR ACIDIZE                   | ABANDON*                                                                 | SHOOTING OR ACIDIZING                     | ABANDON                                                 | MENT*             |
| REPAIR WELL                        | CHANGE PLANS                                                             | (Other)                                   |                                                         |                   |
| (Other)                            |                                                                          | (Note: Report resident Completion or Reco | ults of multiple completion<br>empletion Report and Log | form.)            |
| Request abandonme                  | nt and rehabilitation                                                    | of road and site per                      | NTL-6                                                   | •                 |
|                                    |                                                                          |                                           |                                                         |                   |
|                                    |                                                                          |                                           | - 연                                                     |                   |
| Wandoned                           |                                                                          |                                           |                                                         |                   |
| Windowed                           |                                                                          |                                           |                                                         |                   |
| Location                           |                                                                          |                                           | 1622                                                    | Ť.                |
| 1 ocullon                          |                                                                          |                                           | ALIO (A.1952)                                           | :                 |
|                                    |                                                                          |                                           | MOD TO                                                  |                   |
|                                    |                                                                          |                                           | OIL COME CAN                                            | 1000 A            |
|                                    |                                                                          |                                           | District                                                |                   |
|                                    |                                                                          |                                           |                                                         |                   |
|                                    |                                                                          |                                           |                                                         |                   |
|                                    |                                                                          |                                           |                                                         | ż                 |
| 18. I hereby certify that the fore | going is true and correct                                                |                                           |                                                         |                   |
| SIGNED                             | TITLE                                                                    | Production Clerk                          | DATE July                                               | 22, 1980          |
| (This space for Federal or St      | cate office use)                                                         |                                           | APPRO                                                   | VED               |
| APPROVED BYCONDITIONS OF APPROVAL  | L. IF ANY:                                                               |                                           | DATE!                                                   | <u> </u>          |

ah 3ml

\*See Instructions on Reverse Side

DISTRICT OIL & GAS SUPERVISOR