

**UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR <b>Hanson Oil Corporation</b>	5. LEASE DESIGNATION AND SERIAL NO. <b>NM-21443</b>
3. ADDRESS OF OPERATOR <b>P. O. Box 1515, Roswell, New Mexico 88201</b>	8. FARM OR LEASE NAME <b>Candy Butte</b>	6. IF INDIAN ALLOTTEE OR TRIBE NAME <b>None</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>660' FWL &amp; 660' FSL</b>	9. WELL NO. <b>#5</b>	7. UNIT AGREEMENT NAME <b>None</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, WT, GR, etc.) <b>6595' G.L.</b>	10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>
		11. SEC., T., R., OR BLM. AND SURVEY OR AREA <b>Sec. 17, T. 17N, R. 24E</b>
		12. COUNTY OR PARISH 13. STATE <b>None</b>

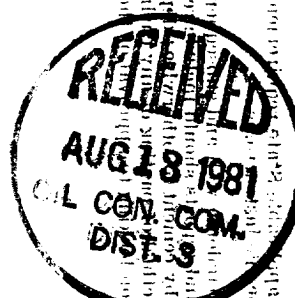
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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 and 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.)\*

Abandoned & rehabilitated road & location per NTL-6



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

SIGNED <i>James F. Sims</i>	TITLE <b>Production Clerk</b>	DATE <b>9/5/80</b>
<b>APPROVED</b> <i>John D. Hall</i> APPROVED BY CONDITIONS OF APPROVAL <b>AUG 12 1981</b>		
<b>FOR JAMES F. SIMS DISTRICT ENGINEER</b>		<b>NM000</b>

\*See Instructions on Reverse Side