16.

UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other instructions on re-

GEOLOGICAL SURVEY

Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

		NM-11	302/	****	
6.	IF	INDIAN,	ALLOTTER O	R TRIBE	NAME

SUNDRY NOTICES AND REPORTS ON WELLS	SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
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	posals to drill or to deepen or plug back to a different reservoir. ICATION FOR PERMIT—" for such proposals.)		
OIL X GAS WELL OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		S. FARM OR LEASE NAME	
Hanson Oil Corporati	Candy Butte		
3. ADDRESS OF OPERATOR		9. WELL NOT	_
P. O. Box 1515, Rosw	ell, New Mexico 88201	#4	
4. LOCATION OF WELL (Report location See also space 17 below.) At surface	n clearly and in accordance with any State requirements.*	10. FIELD AND FOOL, OR WILDCAT	
1980' FSL & 1780' FE	L, Sec. 14, T.17N, R.3W	11. SEC., T. B., M., OR BLE. AND SURVEY OR AREA Sec. 14, T. 17N, =R.3W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	
	6670' G.L.	Sandoval New Mex	ic

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

						1 4
TEST WATER SHUT-OFF	FULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT	 MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	-
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	<u></u>	ABANDONMENT*	
REPAIR WELL	CHANGE PLANS	<u>X</u>	(Other)		Table to a second set of the second second set of the second second set of the second set of the second second set of the second se	[
(Other)			(NOTE: Report res Completion or Reco	ompletion i	striple completion on We Report and Eog form.)	,111

This is a notice of Hanson Oil Corporation's intention to change plans from setting 30' of conductor pipe and 450' of 7" casing as originally reported on our Application to Drill to running 500' of 8-5/8" 24# casing.

APPROVED

3 1980 MAR

CARL A. BARRICK PENGINEER



8. I hereby certify that the foregoing is true and corn	reste	
SIGNED JONANE A Scimile	TITLE Production Clerk	DATE 2-26-80
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLI:	DATE

oh 5ml

*See Instructions on Reverse Side

state

^{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.)*