

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.
N.M.012833

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 WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Han -San Inc.

3. ADDRESS OF OPERATOR
1112 So. Copper Deming, New Mex. 88030

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2055FNL x 510 FWL of Sec. 26

14. PERMIT NO.
15. ELEVATIONS (Show whether DG, RT, GR, etc.)
7023

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Grevey

9. WELL NO.
Grevey # 4

10. FIELD AND POOL, OR WILDCAT
Puerto Chiquito

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26 T.26N R 1E

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mex.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERNING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Spud and Set Casing <input checked="" 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 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.)*

Feb. 5 1977 Spudded i n with 113/4 bit. Ran 50 ft. of 8 5/8 55lb. used surface casing. Cemented with 18 sacks cement. Cement circulated.

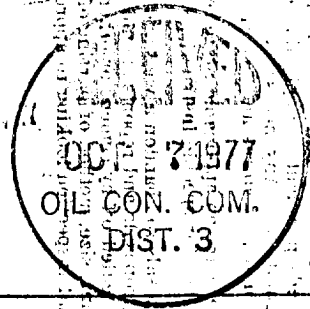
Feb. 7 1977, released pressure and set BOP and drilled out frok under surface with 6 3/4 bit. Drilled to TD of 1780 ft.

Feb. 24 1977, ran long string of 5 1/2 casing, used. Substructure was 5 ft. above ground .Hung 5 1/2 casing 4 ft. above floor.
Ran Totco to T.D. Hole 4 1/2 degrees off. Circulated for 6 hours and shut down rig.

Operator was given oral approval to resume drilling operations today 3/16/77 GAE

RECEIVED
MAR 16 1977

U. S. GEOLOGICAL SURVEY
DEPT. OF THE INTERIOR



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

SIGNED Walter K. Hand TITLE President

DATE 2-16-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE _____