

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

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

Form approved.  
Budget Bureau No. 42-R1424.  
5. 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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Han - San Inc.</p> <p>3. ADDRESS OF OPERATOR 1112 So. Copper Deming, New Mex. 88030</p> <p>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</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Grevey</p> <p>9. WELL NO. Grevey # 4</p> <p>10. FIELD AND POOL, OR WILDCAT Puerto Chiquito</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26 T.26N R 1E</p> <p>12. COUNTY OR PARISH Rio Arriba</p> <p>13. STATE New Mex.</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DG, RT, GR, etc.) 7023</p>

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud and Set Casing <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

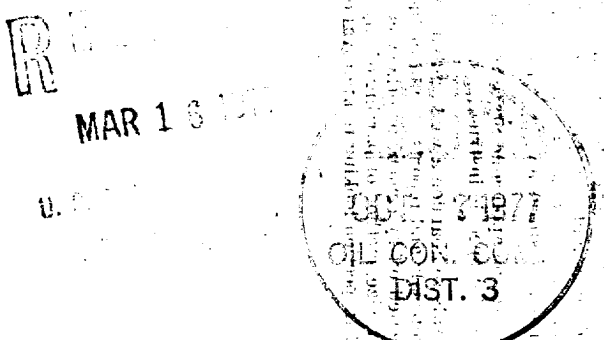
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Feb. 5 1977 Spudded in 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*  
*SAE*



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 \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: