

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

N.M. 012833

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

Grevey #4

10. FIELD AND POOL, OR WILDCAT

Puerto Chicuito

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 26-T26N-R1E

12. COUNTY OR PARISH

Rio Arriba

13. STATE

N.M.

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 ☒ GAS ☐  
WELL WELL OTHER

2. NAME OF OPERATOR

Han-San, Inc.

3. ADDRESS OF OPERATOR

1112 So. Copper, Deming, New Mexico, 88030

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

2055' TNL x 510' FWL of Sec. 26

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7023 ft.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Move Rig in around 18th of October. Pull rods & tubing sometime during week between 18th and 24th. Run baker packer & treat with Chemical Solution, forcing it in under pressure.

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

SIGNED

*W. K. Island*

TITLE

*Pres.*

DATE

*10/12/77*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED

OCT 17 1977

\*See Instructions on Reverse Side