

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0250

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

HANSON OIL CORPORATION

8. FARM OR LEASE NAME

Texaco Federal

3. ADDRESS OF OPERATOR

P. O. Box 1515, Roswell, New Mexico

9. WELL NO.

#2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

Pearl Queen

330' FNL & 660' FEL

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

Sec. 1, T 20S, R. 34E

14. PERMIT NO.

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

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3689 DF

12. COUNTY OR PARISH 13. STATE

Lea

NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

(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.)*

Propose to perforate Queen sand 4907' - 4914' 4 JSPF and stimulate with 1000 gal. acid. If productive frac with 20,000 gal water and 40,000# sand.

RECEIVED

FEB 23 1981

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

FEB 25 1981

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

SIGNED

TITLE

Production Analyst

DATE

2-20-81

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

FEB 24 1981

*See Instructions on Reverse Side

DISTRICT SUPERVISOR