

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-24997
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. v-2770
7. Lease Name or Unit Agreement Name Hanson State
8. Well No. 1
9. Pool name or Wildcat Wildcat <i>Morrison</i>

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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator C. W. Trainer	
3. Address of Operator c/o Oil Reports & Gas Services, Inc., PO Box 755, Hobbs, NM 88241-0755	
4. Well Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>13</u> Township <u>20S</u> Range <u>32E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3534 Gr	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1/4/94 Resume operations w/swab
1/5/94 Acidize perfs 12,200'-12231' w/4000 gals 7 1/2% Mod 101 Acid w/1000 SCFN2/bbl.
Flush w/2% KCL H2O w/1000 SCFN2/bbl Swab back H2O w/good gas blow.
1/7/94 Set 5" Elder Cmt Rtnr @ 12,150'. Tst tbg to 7000#, OK. Head w/1% CFR-2. W/5bbls in formation would not sqz. Pmpd 35 bbls into perfs & try to stage cmt. Would not sqz. Appears Atoka sqzd off early & cmt moved up channel outside liner. 7" csg would not circ. Displace w/70 bbls KCL H2O. Leave 5500 below rtnr & sting out. Reverse out 140 bbls KCL H2O & 1 bbl cmt.
1/10/94 LD 32 jts tbg full of cmt. Set 7" tst pkr @ 10,850', pressure up to 3800# on tbg & 2600# on csg, held for 30 min. OK. Cmt circ out from top of liner into 7" csg to plug tbg. No gas blow.
1/11/94 TOC @ 12,146'. DOC to 12,238'. circ and COH. Press to 3000#, OK.

REPORT TO CONTINUE

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Laren Holler TITLE Agent DATE 3/18/94
TYPE OR PRINT NAME Laren Holler TELEPHONE NO. (505) 393-2727

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAR 22 1994

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

RECEIVED

APR 1 1964

CHIEF OF POLICE
CITY OF NEW YORK

APR 1 1964