Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

WELL API NO.

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088	8	WELL API NO. 30-025-24997
G . D N. Naming 97504-2088			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	swer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE FEE FEE
DISTRICT III		6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87410			v-2770
	FIGER AND DEDORTS ON WEI	18	\$77777777777777
SUNDRY NO	TICES AND REPORTS ON WELL ROPOSALS TO DRILL OR TO DEEPEN	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PH	RVOIR. USE "APPLICATION FOR PER	RMIT"	7. Dead Panie of Carry
UFFERENT RESE	C-101) FOR SUCH PROPOSALS.)	<u> </u>	
1. Type of Well:			Hanson State
OIL GAS WELL X	OTHER		
	J OHEK		8. Well No.
2. Name of Operator			1
C. W. Trainer			9. Pool parne or Wildcat
3. Address of Operator		00041 07EE	Wildcat Morrow
c/o Oil Reports & Gas Servi	ces, Inc., PO Box 755, Hobbs,	M 88241-0755	T. C. I. C.
4 Well Location			Fact From The West Line
Unit Letter N: 66	60 Feet From The South	Line and1980	Feet From The West Line
Our Date			
2 marina 13	Township 20S Ra	inge 32E	NMPM Lea County
Section 1.3	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	(//////////////////////////////////////
<i>\ </i>	/////// 3534 Gr		X////////////////////////////////////
XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	A Parto Indicate	Nature of Notice: R	Report, or Other Data
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
PLUG AND ARANDONMENT			
TEMPORANILY ADMINISTRATION AND CENTENT FOR			
PULL OR ALTER CASING		0,000	
OTHER:	U	OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed			
1% Describe Linham of Combines of	erations (Crearly state an permitte	and give pertinent dates, uncl	luding estimated date of starting any proposea
work) SEE RULE 1103.			
work) SEE RULE 1103.			
wort) SEE RULE 1103. 1/4/94 Resume oper 1/5/94 Acidize per	rations w/swab fs 12,200'-12231' w/4000) gals 7 1/2% Me	od 101 Acid w/1000 SCFN2/bbl.
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(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR DATE - MAR 22 1994

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY:

MER \$ \$ \$ \$ 12.00