

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.
30-015-01424
5. Indicate Type of Lease Fed. <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC045818A

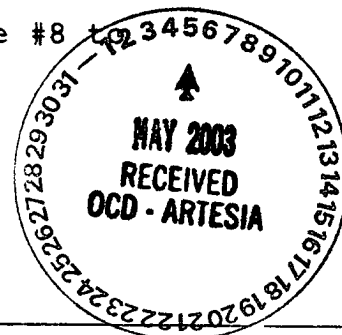
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD	7. Lease Name or Unit Agreement Name Hastie
2. Name of Operator Hanson Energy	8. Well No. 8
3. Address of Operator R. 342 S. Haldeman Rd. Artesia, N.M. 88210	9. Pool name or Wildcat Empire yates SR
4. Well Location Unit Letter _____ : _____ Feet From The _____ Line and _____ Feet From The _____ Line Section 18 Township 17S Range 28E NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Change well number <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.

Requesting approval to change the number of Hastie #8 to
Hastie #18.



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

SIGNATURE Kathie Hanson TITLE Secretary DATE 5/5/03
TYPE OR PRINT NAME Kathie Hanson TELEPHONE NO. 746-2262

(This space for State Use)

APPROVED BY Jim W. Lewis TITLE District Supervisor DATE MAY 05 2003
CONDITIONS OF APPROVAL, IF ANY: