

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-005-62907
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Pres'ler Lake
8. Well No. 3
9. OGRID Number 009974
10. Pool name or Wildcat Many Gates San Andres

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	RECEIVED JUN 11 2010 NMOCD ARTESIA
2. Name of Operator Hanson Operating Company, Inc.	
3. Address of Operator PO Box 1515, Roswell, NM 88202-1515	
4. Well Location Unit Letter H : 1980 feet from the North line and 660 feet from the East line Section 12 Township 9-S Range 29-E NMPM County Chaves	

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4055' GR
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. 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"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

04/23/10 Move in rig and cementing equipment. Change out wellhead. NU BOP. POH w/ tbg. RIH w/ CIBP. Set @ 3150'. Circulate hole w/ mud laden fluid. Spot 25 sx class C cement on top of CIBP. POH w/ tbg.
04/26/10 Perf csg @ 1410'. Set packer @ 1000'. Sqz'd 50 sx class C cement. WOC. Tagged plug @ 1243'. POH to 600'. Perf'd csg @ 955'. Set packer and Sqz'd 50 sx class C cement. WOC.
04/27/10 Tagged plug @ 875'. POH w. tbg. Perf'd csg. @ 400'. ND BOP. Pack off well head. Circulated 115 sx class C cement to surface.. rigged down moved off.
04/28/10 Moved in welder. Cut off wellhead and weld on Dry Hole Marker. Clean loc.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Carol J. Smith TITLE Production Analyst DATE 6/9/2010

Type or print name Carol J. Smith E-mail address: hanson@dmn.com Telephone No. 575-622-7330
For State Use Only

APPROVED BY [Signature] TITLE Approved for plugging of well bore only. DATE 6/14/2010
Conditions of Approval (if any):

Liability under bond is retained pending receipt of C-103 Subsequent Report of Well Plugging which may be found at OCD Web Page under Formis. www.emnrd.state.nm.us/oed. (214) 340-9429 - FormsOnADisk.com