Submit One Copy To Appropriate District Office State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resour	WELL API NO. March 18, 2009
1625 N. French Dr., Hobbs, NM 88240 District II OH. CONCERNA TION DIVISION	30 005 62085
1301 W. Grand Ave., Artesia, NM 88210 District III OIL CONSERVATION DIVISIO 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	STATE STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	V-2982
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	Quincy AMQ State
1. Type of Well: ⊠Oil Well ☐ Gas Well ☐ Other	8. Well Number #4
2. Name of Operator	9. OGRID Number
Hanson Operating Company, Inc.	009974 RECEIVED
3. Address of Operator P. O. Box 1515, Roswell, NM 88202-1515	Acme San Andres SE SEP 1 3 2010
4. Well Location	
Unit Letter E: 2310 feet from the North line and 990 feet from the West line NMOCD ARTESIA	
Section 12 Township 8 South Range 27 East NMPM Chaves County NM	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3952' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
	NCE DRILLING OPNS. P AND A
-	CEMENT JOB
OTUED:	
OTHER: Description Descr	
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.	
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR	
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR	
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.	
☐ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and	
other production equipment.	
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with	
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed	
from lease and well location.	
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)	
All other environmental concerns have been addressed as per OCD rules.	
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-	
retrieved flow lines and pipelines.	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.	
SIGNATURE Carol J. Smith TITLE Production	on_AnalystDATE09/10/2010
TYPE OR PRINT NAME Carol J. Smith E-MAIL: hanson@	<u>Odfn.com</u> PHONE: <u>575-622-7330</u>
APPROVED BY: Alei TITLE Of to Repose DATE 9/15/2010	
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