Submit One Copy To Appropriate District Office	State of New Mexico		Form C-103 March 18, 2009		
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.		
District II	OIL CONCEDUATION DIVICION		30-005-63062		
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			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 8. Well Number		
1. Type of Well: ⊠Oil Well ☐ Gas Well ☐ Other			#12		
2. Name of Operator			9. OGRID Number		
Hanson Operating Company, Inc.			009974		
3. Address of Operator P. O. Box 1515, Roswell, NM 88202-1515			10. Pool name or Wildcat		
	<i>7-1313</i>		Queen	DEOFWER	
4. Well Location    RECEIVED   Re					
Unit Letter E: 1650 feet from the North line and 330 feet from the West line  Section 12 Township 8 South Range 27 East NMPM Chaves County NM  SEP 1 3 2010					
Section 12 Township 8 South Range 27 East NMPM Chaves County NM SEP 13 ZUIU  11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
3973' GR					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
			SEQUENT REF		
	<del></del>			RK ☐ ALTERING CASING ☐ ' ILLING OPNS.☐ P AND A ☐	
	MULTIPLE COMPL	CASING/CEMENT JOB			
<del></del>	_				
OTHER:					
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  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.					
I DINING THE INTERIOR OF THE I					
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 words has been completed actions this forms of the Policy of the Complete State					
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
SIGNATURE CAROL (	Smith TITLE	Production Analy	ystDA	TE <u>09/10/2010</u>	
TYPE OR PRINT NAME Carol J. Si	mith E-MAII	: hanson@dfn.con	n F	PHONE: <u>575-622-7330</u>	
For State Use Only		+10	,	/ /	
APPROVED BY:	Zei TITLE	t to Rel	caso	DATE 9/15/2010	
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				G	