

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI  
(Other instructions  
reverse side)

TE  
TC

Form approved:  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

d5P

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" for such proposals.)

3. LEASE DESIGNATION AND SERIAL NO.

LC-068282-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Hanson Federal Batt. 2

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

North Mason (Delaware)

11. SEC., T., R., M., OR BLK. AND  
SUBVY OR AREA

Sec. 25, T. 26S, R. 31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. WELL TYPE  
WELL  GAS WELL  OTHER

NOV - 1 1991

2. NAME OF OPERATOR

Hanson Operating Company, Inc.

O. C. B.  
ARTIFICIAL LIFT

3. ADDRESS OF OPERATOR

P. O. Box 1515, Roswell, New Mexico 88202-1515

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

Sec. 25, T. 26S, R. 31E, Unit 0, 330' FSL & 2310' FEL

14. PERMIT NO.

30-015-05874

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3145' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) RE-COMplete <input checked="" type="checkbox"/>	X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATION: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

It is proposed to recomplete as follows:

1. Set CIBP @6250'.
2. Perf Upper Delaware in the following interval (4166-4192') 19 holes.
3. Acidize w/1500 gal 7-1/2% HcL.
4. Frac w/8000 gal gelled diwsel w/8000# 20/40 sd.

18. I hereby certify that the foregoing is true and correct

SIGNED

*Eric S. Jennings*

TITLE Production Analyst

DATE 10-28-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 11/4/91

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side