Form 3160-5 (November 1983) (Formerly 9-331)

16.

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SUBMIT IN TRIPLICATE® (Other instructions on reverse side)

Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. 052/931 NM

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BUREAU	OF	LAND	MANAGEMEN	T

BUREAU OF LAND MANAGEMENT	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME
OIL WELL OTHER 2. NAME OF OPERATOR TESALO PETROLEUM CORPORATION 3. ADDRESS OF OPERATOR 8700 TESARO DRIVE SAN ANTONIO TX 782/7 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1335 FSL + 2635 FWL OF S6 T17N R8W	8. FARM OR LEASE NAME HANSON 9. WELL NO. 2 10. FIELD AND POOL, OR WILDCAT SO UTH HOSPAH — LOW & 11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR. etc.) 6876 GR	56 T/7N R 8 W 12. COUNTY OF PARISH 13. STATE MCK: NLEY NM

ck Appropriate Box To Indicate Nature of Notice, Report, or Other Data

Check Appropriate Box to Indicate Harbie of Homes, Report, or any and any and any and any any and any						
NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:		
		PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	
TEST WATER SHUT-OFF	11			FRACTURE TREATMENT	ALTEBING CASING	
FRACTURE TREAT		MULTIPLE COMPLETE		SHOOTING OR ACIDIZING	ABANDONMENT*	
SHOOT OR ACIDIZE		ABANDON*		0411 000	POR + CONVERT TO X	
REPAIR WELL		CHANGE PLANS		(NOTE: Report resu	nits of multiple completion on went	
(Other)		(Nonella stata	all pertine	nt details, and give pertinent dat	tes, including estimated date of starting	

17. DESCRIBE PROPOSED ON COMPLETED OPERATIONS (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.) *

37' TO 1566' GL PUT ON Well Deepered

PAKRING OR NOW MOAICO

NOV201987

SIGNED Mund . Merchan .	TITLE ARPA PROPUCTION MANAGE	M DATE 11/11/87
(This space for Federal or State office use)		ACCEPTED FOR RECORD
APPROVED BY	TITLE	DATE
COMPLIANCE OF TITLE OF THE		DIALUTATEN EL EL EL ARGA

*See Instructions on Reverse Side

State of New Mexico

Submit 3 Cories Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II Santa Fe. New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE L STATE Federal 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Hanson GAS WELL X OTHER 2. Name of Operator 8. Well No. American Exploration Company 21 3. Address of Operator 9. Pool name or Wildcat 2100 RepublicBank Center, Houston, Texas 77002 Hospah (Lower Sd.) 4. Well Location 2635 Feet From The West __: 1335 Feet From The South Line McKinley 8W **NMPM** Section Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6876' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: OTHER: 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. Well deepened 37' to 1566' GL and put on production in November of 1987 Note: See Sundry Notice approved for Notice of Intention to do same JUN2219889 OIL COM. DIV DIST 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		6/20/00
SKONATURE Martty B. McClanahan	Sr. Production Analyst	_ DATE6/20/89
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use) Original Signal by FRANK T. CHAVEZ	ALAMA CONTROL S	ng việt nghi thiết

TITLE

CONDITIONS OF APPROVAL, IF ANY: