

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-15452-A

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Hanson Oil Corporation</p> <p>3. ADDRESS OF OPERATOR P.O. Box 1515, Roswell, New Mexico 88201</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FEL & 1830' FSL, Sec. 3, T-9-S, R-33-E</p> <p>14. PERMIT NO.</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Wildlife Federal</p> <p>9. WELL NO. #1</p> <p>10. FIELD AND POOL, OR WILDCAT Vada-Penn</p> <p>11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA Section 3 T-9-S, R-33-E</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE N.M.</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4353.6 G.L.</p>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

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

17. DESCRIBE PROPOSED OR 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.)*

6-28-75 Total depth 9530', formation Lime & Shale, ran 267 jts of 5 1/2" 17# & 15.50# L.T. & CN-80, J-55 csg. (9574.40) set @ 9526', cem. w/ 250 sx. Halliburton Lite Weight w/ 14# salt & 1/4# floccel per sx. and 250 sx. Cl. "C" 50/50 pozmix w/ 2% gel & 8# salt per sx. & 3/4 of 1% CFR-2, Plug down @ 4:00 a.m. 6-28-75, W.O.C. 18 hrs., tested cement to 1000 P.S.I. (held okay), temp. survey ran, T.O.C. 7000'.

18. I hereby certify that the foregoing is true and correct
 SIGNED Ray Miller TITLE Vice President/Production DATE 8-18-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
 CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

