eceived by OCD: 6/12/2025-1:16:35 P	M State of New Me	exico		Form C-103
Office <u>District I</u> – (575) 393-6161		Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONSEDUATION	DIVISION	WELL API NO. 30-005-62794	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Type of Le	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460			STATE Z 6. State Oil & Gas Lea	FEE
1220 S. St. Francis Dr., Santa Fe, NM			L-794	.50 110.
87505 SUNDRY NOTIC	ES 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.)		Hanlad State		
1. Type of Well: Oil Well Gas Well Other SWD		8. Well Number #*	SWD	
2. Name of Operator			9. OGRID Number	
Hanson Operating Company, Inc. 3. Address of Operator			009974 10. Pool name or Wild	cat
P O Box 1515, Roswell, New Mexico 88202-1515			Diablo Fussel	
4. Well Location				
Unit Letter K ::	1980 feet from the South		feet from the	
Section 16	Township10 SouthRa		NMPM Chaves Con	inty
	11. Elevation (Show whether DR 3889' GR	, <i>RKB</i> , <i>RT</i> , <i>GR</i> , <i>etc</i> .)		
	3009 GN			
12. Check Ar	propriate Box to Indicate N	ature of Notice.	Report or Other Data	1
-			1	
	PLUG AND ABANDON	REMEDIAL WORK		ERING CASING
		CASING/CEMENT		
		OTHER:		
OTHER: 13. Describe proposed or complet	ted operations. (Clearly state all t	÷ · · · = · · ·	give pertinent dates, ind	Luding estimated date
	t). SEE RULE 19.15.7.14 NMA			
	d a May 2025 MIT test. HOCI pro BP, test packer, TIH on 2 3/8" w			with packer and poly
If tast and POIL I D task	DU now on off tool 51/2 nickel	nlatad na altan yy/ nly	a in place DIU and act	nonlyan at 6695'
	PU new on-off tool, $5\frac{1}{2}$ nickel with poly lined tubing, circulate part of $5\frac{1}{2}$ casing.			
	-			
If casing doesn't test, the lea Upon successful repair, reru	k will be located, repaired by squ n injection tools as above	eeze cementing, dril	led out, and test casing t	o MIT parameters.
epon successful repuil, refu				
Spud Date:	Rig Release Da	ite:		
L				
I hereby certify that the information ab	ove is true and complete to the h	est of my knowledge	and belief	
Thereby certify that the information at		est of my knowledge	and benef.	
SIGNATURE Carol J. Smit	th	roduction	DATE	2_6/10/2025
Type or print name Carol J Smith	E-mail address	s: carol@hanso	nop.com Phone	
For State Use Only				X26
APPROVED BY:				
	TITLE	D	АТЕ	
Conditions of Approval (if any):				

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Released to Imaging: 7/3/2025 1:13:08 PM

WORK PLAN

HANLAD STATE #1 SWD

API 30-005-62794

HOCI proposes to MIRUPU, release the packer, POH with packer and poly lined tubing. Then pick up RBP, test packer, TIH on 2 3/8" workstring, and test the 5 $\frac{1}{2}$ " casing.

If test good, POH, LD tools, PU new on-off tool, $5 \frac{1}{2}$ " nickel plated packer w/ plug in place, RIH, and set packer at 6685'.

POH, LD workstring. RIH with poly lined tubing, circulate packer fluid, space out, land tubing and NDBOP-NUWH. Test tubing, pull plug, and run MIT on $5\frac{1}{2}$ " casing.

If casing doesn't test, the leak will be located, repaired by squeeze cementing, drilled out, and test casing to MIT parameters.

Upon successful repair, rerun injection tools as above.





Sante Fe Main Office Phone: (505) 476-3441

General Information Phone: (505) 629-6116

Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505

CONDITIONS

Operator:	OGRID:
HANSON OPERATING CO INC	9974
P O BOX 1515	Action Number:
Roswell, NM 88202	473704
	Action Type:
	[C-103] NOI Workover (C-103G)

CONDITIONS		
Created By	Condition	Condition Date
anthony.harris	1. Post-workover MIT required with OCD witness. Notify OCD 48 hrs prior to test. 2. Post-workover Bradenhead test required with OCD witness. Notify OCD 48 hrs prior to test 3. Packer to be set within limitations of Order R-9420. 4. Injection pressure and volume must be reported monthly with C-115 report.	7/3/2025

CONDITIONS

Action 473704