

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-005-63583 63538
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Hanson Operating Company, Inc.		6. State Oil & Gas Lease No. VA-2101
3. Address of Operator P.O. Box 1515 Roswell, NM 88202-1515		7. Lease Name or Unit Agreement Name Miller State
4. Well Location Unit Letter <u>N</u> : <u>1200</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>W</u> line Section <u>12 2</u> Township <u>8S</u> Range <u>27E</u> NMPM County <u>Chaves</u>		8. Well Number <u>1</u>
		9. OGRID Number 009974
		10. Pool name or Wildcat 00800 Acme San Andres, Southeast
		11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3929' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07/10/18 MIRU plugging equipment. Dug out cellar. ND well head, NU BOP. Set CIBP @ 2000'. Circulated hole w/ MLF. Pressure tested csg, held 500 psi. Spotted 25 sx class C cmt @ 2000-1753'. WOC. 07/11/18 Tagged plug @ 1811'. Perf'd csg @ 645'. Broke circulation & ND BOP. Sqz'd 150 sx class C cmt @ 645' & circulated to surface. Rigged down, cleaned location, & moved off. ~~07/12/18~~ Moved in backhoe and welder. Dug out cellar. Cut off well head. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Cut off deadmen. Cleaned location, & moved off.

RECEIVED

JUL 26 2018

Spud Date:

Rig Release Date:

DISTRICT II-ARTESIA O.C.D.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Carol J. Smith TITLE Production Analyst DATE 7/17/2018

Type or print name Carol J. Smith E-mail address: hanson@dfn.com PHONE: 575-622-7330
For State Use Only

APPROVED BY: [Signature] TITLE Staff Mgr DATE 7-27-18
 Conditions of Approval (if any):