Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

(151)	L
Form C·103	
Revised 1-1-89	

P.O. Box 1980, Hobbs, NM 88240  OIL CONSERVATION DIVIS	SION WELL API NO.
P.O. Box 2088  DISTRICT II P.O. Drawer DD. Asteria N.M. 25110  Santa Fe, New Mexico 87504-2088	30-005-60492
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lesse No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	CK TO A  7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL OTHER	TWIN LAKES SAN ANDRES UNIT
2. Name of Operator	8. Well No.
HANAGAN PETROLEUM CORPORATION  3. Address of Operator	8
P.O. Box 1737 - Roswell, NM 88202-1737	9. Pool name or Wildcat
4. Well Location	TWIN LAKES SAN ANDRES
Unit Letter M: 660 Feet From The South Line and Section 25 Township 8S Range 28E    Section 25 Township 8S Range 28E   10. Elevation (Show whether DF, RKB, RT, C)   11. Check Appropriate Box to Indicate Nature of N	Charges Chaves County
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	WORK ALTERING CASING
COMMENTE DAILENGE DAILENG OF IS. PLOG AND ABANDONMENT	
L OR ALTER CASING CASING TEST AND CEMENT JOB	
OTHER: OTHER:	Temporarily Abandon X
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent work) SEE RULE 1103.</li> </ol>	I dates, including estimated date of starting any proposed
4/28/98 - Notify NMOCD-Artesia - Mechanical integrity,	test set up for 4/30/98
4/30/98 PU Hughes Services, pressure test casing & pa (see attached chart), temporarily abandon wel	cker to 300# for 15", test ok, 1.
	<b>4</b>
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	MAY 1000
This Approval of Temporary	RECEIVED OCD - ARTESIA
Abaridonment Expires 2003	OCD - W
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Pres	ident <u>DATE</u> 5/5/98
TYPE OR PRINT NAME Michael G. Hanagan	TELEPHONE NO. 505/623-505
(This space for State Use)	