

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

CIS  
OP

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

1220 S. St. Francis Dr.  
Santa Fe, New Mexico 87504

DISTRICT I

1625 N. French Drive, Hobbs, NM 88240

DISTRICT II

811 S. First Street, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-005-60575

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-7425

7. Lease Name or Unit Agreement Name

Hanlad State Battery 1

8. Well No.

#1

9. Pool Name or Wildcat

Diablo San Andres

**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.)

1. Type of Well:

OIL

GAS

WELL ☒

WELL ☐

OTHER

2. Name of Operator

HANSON OPERATING COMPANY, INC.

3. Address of Operator

P.O. BOX 1515, ROSWELL, NEW MEXICO 88202-1515

4. Well Location

Unit Letter

D

: 660

Feet From The

North

Line and

660

Feet From The

West

Line

Section

27

Township

10 South

Range

27 East

NMPM

Chaves

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3846.9' GR

11.

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 ☐

PULL OR ALTER CASING ☐

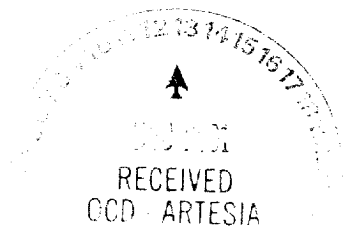
CASING TEST AND CEMENT JOB ☐

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

12/09/2001: Dike constructed around tank battery as required by Rule 310.



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

SIGNATURE

*Carol J. Garcia*

TITLE

PRODUCTION ANALYST

DATE

12/12/2001

TYPE OR PRINT NAME

CAROL J. GARCIA

TELEPHONE NO.

505-622-7330 Ext 26

(This space for State Use)

APPROVED BY

*Mike Bratt*

TITLE

*Complain Office*

DATE

*2/25/02*

CONDITIONS OF APPROVAL, IF ANY: