

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-005-60717

Indicate Type of Lease
STATE ☐ FEE ☐

aState Oil & Gas Lease No.

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 WELL ☒ GAS WELL ☐ OTHER

2 Name of Operator
Hanagan Petroleum Corporation

7 Lease Name or Unit Agreement Name
Twin Lakes San Andres Unit

aWell No.
44

3 Address of Operator
P.O. Box 1737 Roswell, N.M. 88202

aPool name or Wildcat
Twin Lakes San Andres (Assoc.)

4 Well Location
Unit Letter P 330 Feet From The South Line and 990 Feet From The East Line

Section 35 Township 8S Range 28E NMPM Chaves County

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

11

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

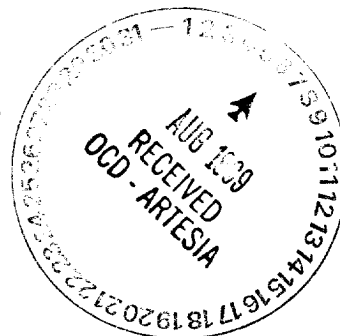
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

Notify NMOCD - Artesia, 24 hrs. prior to commencement of procedure

1. Set CIBP @ 2550 cap w/ 35' cmt. (Top perf. @ 2568)
2. RIH circulate well w/ 9.8# mud
3. cut & pull 4 1/2 @ 2000'
4. RIH spot 100' plug 50' in 50' out cut woc tag min. 2558 cement Plug.
5. spot 160' cmt from 160 to surface 176' to surface.
6. cut off well head set dry hole marker & clean location



X Notify N.M.O.C.D. To witness Plugging Operations.

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

SIGNATURE Wayne Brooks TITLE agent DATE 07-06-99

TYPE OR PRINT NAME Wayne Brooks TELEPHONE NO. 915-6848890

(This space for State Use)

APPROVED BY Mina S. Williford TITLE Field Rep. II DATE 8/10/99.

CONDITIONS OF APPROVAL, IF ANY: