

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

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

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

## OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

30-005-60732

Indicate Type of Lease

STATE ☐

FEE ☒

State 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.)

Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

Name of Operator  
Hanagan Petroleum Corporation

Lease Name or Unit Agreement Name

Twin Lakes San Andres Unit

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

Well No.

24

Pool name or Wildcat

Twin Lakes San Andres ( Assoc. )

Well Location

Unit Letter H : 2310 Feet From The North Line and 990 Feet From The East Line

Section 35 Township 8S Range 28E NMPM Chaves County

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 ANBANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

- 9-22-99 Set CIBP @ 2439 dump bailed 35' cmt. on top
- 9-22-99 circulate well w/ 9.8# mud pick up on 4 1/2 casing it parted @ 197'
- 9-23-99 cut 4 1/2 casing @ 1916' set pkr @ 1634 sqz. 40 sx. class "C" neat cmt
- 9-24-99 pressured test sqz. to 1000 psi. tag plug @ 1825
- 9-24-99 spot 110 sx. class "C" neat cmt @ 256' woc tagged @ 52'
- 9-24-99 circulate 60 sx. class "C" neat cmt. from 52' to surface
- 9-24-99 cut off well head install dry hole marker

Post P & A  
1-25-00



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

SIGNATURE Roger Brooks

TITLE cementer

DATE 09-24-99

TYPE OR PRINT NAME Roger Brooks

TELEPHONE NO. 915-6848890

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: