Submit 3 Copies to Appropriate District Office

State of New Mexico nerals and Natural Resources Department Energy

Form	C-	103
Revis	ed	1-1

 $_{\mathsf{FEE}}\mathsf{X}$

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION

2040 Pacheco St. Santa Fe, NM 87505

WELL API NO. 30-005-10140

Indicate Type of Lease	
**	[]
	STATE

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

<u>DISTRICT III</u> 000 Rio Brazos Rd., Aztec, NM 87410	«State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS	₁Lease Name or Unit Agreement Name Twin Lakes San Andres Unit		
(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.)			
1Type of Well: OIL GAS WELL ☑ OTHER			
2Name of Operator Hanagan Petroleum Corporation	₅Well No. 7		
Address of Operator P.O. Box 1737 Roswell, N.M. 88202	Pool name or Wildcat Twin Lakes San Andres (Assoc.)		
Well Location Unit Letter P : 330 Feet From The South Line and 990	Feet From The	East	Line
Section 26 Township 8S Range 28E	NMPM	Chaves	County
□Elevation (Show whether DF, RKB, RT, GR, etc.)			

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ANBANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER:

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- !. !0 -1 -99 Set 4 1/2 CIBP @ 2550' cap W/ 35' cmt
- 2. 10 4-99 Circlate well w/ mud laiden fluid
- 3. 10 -5-99 cut & pulled 4 1/2 casing from 1760' RIH w/ ws. circlate well w/ mud laiden fluid
- 4: 10 -5 -99 Spot 60 sx. class "C" neat cmt. from 2001' woc
- 5. 10 -6-99 RIH tag cmt @ 1647'
- 6. 10 -6 -99 Circlate cmt from 185' to surface (90 sx. class "C" neat)
- 7. cut off well head install dry hole marker



I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 10-07-99 SIGNATURE TELEPHONE NO. 915 -6848890 TYPE OR PRINT NAME Roger Brooks

(This space for State Use)

APPROVED BY

DATE 2/18/2000

CONDITIONS OF APPROVAL, IF