DISTRICT II

11

State of New Mexico , Minerals and Natural Resources Department

Form C-	103
Revised	1-1-8

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

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210

2040 Pacheco St. Santa Fe, NM 87505 WELL API NO. 30-005-60823

₅Indicate	Type	of	Lease	

							SIAIE	FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0					∘State Oil & Gas Leas	e No.	
		ND REPORTS			01/ 70 4			
(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.)				→Lease Name or Unit Agreement Name				
Type of Well: OIL GAS WELL X / WELL		OTHER				Twin Lakes San	Andres Unit	
² Name of Operator Hanagan Petroleum Corpo						∘Well No. 22		
Address of Operator P.O. Box 1737 Roswell, N	. M . 88202					∍Pool name or Wildca Twin Lakes San		oc.)
√Well Location Unit Letter	990 Feet From	n The No	orth	Line and _	2310	Feet From The	East	Line
Section	31 Tow	nship	8S	Range	29E	NMPM	Chaves	County
		₁₀Elevation (<i>Show</i> v 3972GR	whether DF	, RKB, RT, GR, e	etc.)			

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	\times	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	, a ; 	CHANGE PLANS		COMMENCE DRILLING OPNS.		PLUG AND ANBANDONMENT	. [
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB			
OTHER:				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.

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

- 1. Set CIBP @ 2620 cap w/ 35' cmt. (Top perf 2708 2748)
- 2. RIH circlate well w/ 9.8# mud
- 3. cut & pull 4 1/2 @ 2000'

CONDITIONS OF APPROVAL, IF ANY:

- 4. RIH spot 100' plug 50' in 50' out cut woc tag 5. spot 160' cmt from 160 to surface 170'
- 6. cut off well head set dry hole marker & clean location



* Notifie NMOCD to Witness		
I hereby certify that the information above is true and complete to SIGNATURE Wagne Bush	TITLE agent	DATE 07-06-99
TYPE OR PRINT NAME Wayne Brooks		TELEPHONE NO. 915 -6848890
(This space for State Use)		
00.5100033 2000 000000000	Field Bo. IT.	9/25/99