

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. 30-005-61076
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Lease Name or Unit Agreement Name Twin Lakes San Andres Unit
Name of Operator Hanagan Petroleum Corporation	Well No. 96
Address of Operator P.O. Box 1737 Roswell, N.M. 88202	Pool name or Wildcat Twin Lakes San Andres ( Assoc. )
Well Location Unit Letter D Section 330 Township 8 North Range 29E Line and 330 Feet From The West Line Section 8 Township 9S Range 29E NMPM Chaves County	
Elevation (Show whether D/F, RKB, RT, GR, etc.)	

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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: ☐

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.

1. 10-15-99 Circulate well w/ 9.8# mud laden fluid
2. 10-15-99 Spot 50 sx. class "C" neat cmt. @ 1951' woc.
3. 10-18-99 Tagged plug @ 1747'
4. 10-18-99 Spot 50 sx. Class "C" neat cmt @ 1747' woc
5. 10-19-99 Tagged plug @ 1646'
6. 10-19-99 Spot 50sx. class "C" neat cmt. from 1646' to 1452'
7. 10-19-99 Circulate 80sx class "C" neat cmt. from 195' to surface
8. 10-19-99 cut off well head install dry hole marker

Post ID-2  
12-17-99  
P4A

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

SIGNATURE Roger Brooks

TITLE cementner

DATE 10-19-99

TYPE OR PRINT NAME Roger Brooks

TELEPHONE NO. 915 -6848890

(This space for Stat. Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Field Rep

2/18/2000