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OIL CONSERVATION DIVISION
P. O. BOX 2088

Form C-103
Revised 10-1-7

RECEIVED BY NEW MEXICO 87501

SEP 18 1986

O. C. D.

1a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
IG-7425	

SUNDY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒	GAS WELL ☐	OTHER ☐
1. Name of Operator Hanson Operating Company, Inc. ✓		
2. Address of Operator P. O. Box #1515, Roswell, New Mexico 88202-1515		
3. Location of Well UNIT LETTER <u>L</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>27</u> TOWNSHIP <u>10S</u> RANGE <u>27E</u> N.M.P.M.		

7. Unit Agreement Name N/A
8. Farm or Lease Name HANLAD STATE
9. Well No. 3
10. Field and Pool, or Wildcat Und Diablo San Andres
12. County Chaves

15. Elevation (Show whether DF, RT, GR, etc.)
3852.1' GR

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

17. 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.

Ran & cemented 52 jts 5-1/2" 15.5# ST&C casing, set at 2120'.

Cemented with 60 BBLS gel water, 300 sx Halliburton Lite w/1/2# flocele & 5# salt/sx.
Tail in with 200 sx 50/50 POZ mix with 5# salt/sx.

Plug down @ 3:30 p.m., 09/16/86. Held 1200# psi. Circ 50 sx cement to pit.
WOC. Plan to complete 09/18/86.

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

SIGNED Brenda R. Godfrey TITLE Production Analyst DATE 09/17/86

APPROVED BY Mike Williams TITLE Oil & Gas Inspector DATE SEP 25 1986

CONDITIONS OF APPROVAL, IF ANY: