

451
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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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-005-62341
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-7426

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Hanson Operating Company, Inc. ✓	3. Address of Operator P. O. Box 1515, Roswell, New Mexico 88202-1515	4. Well Location Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>10S</u> Range <u>27E</u> NMPM <u>Chaves</u> County	5. Lease Name or Unit Agreement Name Hanlad "A" State Batt #1	6. Well No. 1	7. Pool name or Wildcat Diablo San Andres
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10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3836' GR
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. 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.

Propose to reperforate the San Andres @ 2034, 36, 38, 40, 48, 54, 56 & 57' and treat with 2000 gal 15% NeFe acid.
Treat all perforations (2034-2082') with 12000 gal MOD 202 acid.
Place well back on production.

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

SIGNATURE <u>Brenda R. Godfrey</u>	TITLE <u>Production Analyst</u>	DATE <u>01/19/89</u>
TYPE OR PRINT NAME <u>Brenda R. Godfrey</u>	TELEPHONE NO. <u>622-7330</u>	

(This space for State Use)

Original Signed By Mike Williams

APPROVED BY _____	TITLE _____	DATE <u>JAN 24 1989</u>
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CONDITIONS OF APPROVAL, IF ANY: