

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

CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-005-62341

5. Indicate Type of Lease

STATE ☒FEE ☐

6. State Oil & Gas Lease No.

LG-7426

7. Lease Name or Unit Agreement Name

Hanlad State A

8. Well No.

#1

9. Pool name or Wildcat

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 ☐GAS
WELL ☐

OTHER SWD

2. Name of Operator

Hanson Operating Company, Inc.

3. Address of Operator

P.O. Box 1515, Roswell, NM 88202-1515

4. Well Location

Unit Letter I : 1650 Feet From The South Line and 330 Feet From The East LineSection 28Township 10SRange 27E

NMPM

Chaves

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3836' GR

11. 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:

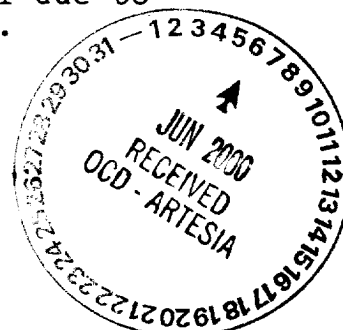
REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: ☐

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.

As of 10-99 HOCI temporarily abandoned the above well due to injection pressure problems and would not take water. The water was transferred to another SWD.

*TA status can be obtained

1. By Setting CIBP 100' Above T. Perforations.
2. Pressure testing casing on Recorder Chart
J Min. 300# PSI for 30 minutes.
3. 10% drop in Pressure Allowed.



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

SIGNATURE

TITLE

Prod. Analyst

DATE

5-6-00

TYPE OR PRINT NAME

Betsy Speer

505-622-7330

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

Field Rep. II

DATE

6-8-00

CONDITIONS OF APPROVAL, IF ANY: