

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)  
Drawer D

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO. NM-05876 *C/SF*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Commanche Federal

9. WELL NO. #1

10. FIELD AND POOL, OR WILDCAT Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.12, T.11S, R.25E

12. COUNTY OR PARISH Chaves 13. STATE New Mexico

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-" for such proposals.)

OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR Hanson Operating Company, Inc.

3. ADDRESS OF OPERATOR P.O. Box 1515, Roswell, New Mexico 88202-1515

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface

Unit I, 1650' FSL & 990' FEL, NE 1/4 SE 1/4

14. PERMIT NO. 30-005-63000

15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3542' GL

FEB 22 1994

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

On 2-2-94, swabbed well after acidizing. Swabbed dry with very little fluid entry, all water.

2-3-94 - Swabbed well dry, recovered 3 bbls of water.

2-4-94 - Swabbed well dry, all water. Ran pump and rods. Started well pumping.

2-6-94 - Recovered 14 bbls water.

2-7-94 - Recovered 14 bbls water.

2-9-94 - Recovered 3 bbls water.

2-12-94 - Recovered 2 bbls. water.

2-13-94 - Recovered 2 bbls. water.

2-14-94 - S.I. For further evaluation.



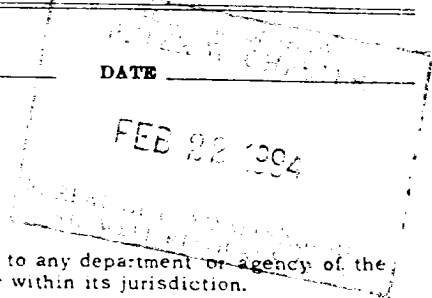
18. I hereby certify that the foregoing is true and correct

SIGNED *Patricia A. McShaw* TITLE Production Analyst DATE 2/14/94

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side