

# OIL CONSERVATION DIVISION

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

**TRICT I**  
Box 1980, Hobbs, NM 88240

**TRICT II**  
Box 1980, Hobbs, NM 88240

**TRICT III**  
Box 1980, Hobbs, NM 88240

WELL API NO.	30-015-00463
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

**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.)

7. Lease Name or Unit Agreement Name  
Gulf Kepple

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	8. Well No. 2
2. Name of Operator Warren Hanson DBA Hanson Energy	9. Pool name or Wildcat logan Draw SA
3. Address of Operator R. 342 S. Haldeman Rd. Artesia, N.M. 88210	

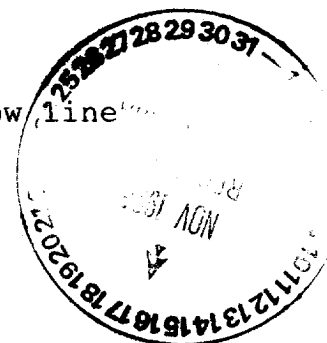
4. Well Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>N</u> Line and <u>1650</u> Feet From The <u>E</u> Line Section <u>19</u> Township <u>17S</u> Range <u>27E</u> NMPM <u>Eddy</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.)
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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.

Well was placed in production Nov. 10, 1998

Work included some new tubing, pump repair and flow line repair.



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

SIGNATURE Kathie Hanson TITLE Secretary DATE 11/12/98  
TYPE OR PRINT NAME Kathie Hanson TELEPHONE NO. 746-2262

(This space for State Use)

APPROVED BY [Signature] TITLE  DATE 11-18-98  
CONDITIONS OF APPROVAL, IF ANY: