

45F

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1421.

RECEIVED BY **AUG 20 1985**

1. NAME OF OPERATOR
James Warren Hanson dba Hanson Energy

2. ADDRESS OF OPERATOR
Rt. 1, Box 60, Artesia, N.M. 88210

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
330 FNL & 2310 FWL Sec 35 T17S R27E

4. LEASE DESIGNATION AND SERIAL NO.
LC 050158

5. NAME OF INDIAN, COUNTRY OR TRIBE NAME

6. UNIT AGREEMENT NAME

7. FARM OR LEASE NAME
Harbold

8. WELL NO.
12

9. FIELD AND POOL, OR WILDCAT
Empire Yates 7 Rivers

10. SEC. T., R., M., OR BBL. AND SURVEY OR AREA
Sec 35 T17 R27

11. COUNTY OR PARISH
Eddy

12. STATE
N.M.

13. PERMIT NO. _____ 14. ELEVATIONS (Show whether DF, RT, GR, etc.) _____

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF	☐	FULL OR ALTER CASING	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☒	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)	☐
(Other)	☐				

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

16. 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.) *

5½" casing set at 409'

Plug from T.D. to surface

Approximately 45 sacks class c cement

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

SIGNED Warren Hanson TITLE _____ DATE 6/19/85

(This space for Federal or State office use)

APPROVED BY Don Wood TITLE Acting DATE 8-19-85

CONDITIONS OF APPROVAL, IF ANY: _____