Submit 3 Copies , State of New Mexico	C 1 5 Form C-100
to Appropriate Energy, erals and Natural Resources Department	Revised 1-1-89
OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hoobs, NM 88240 P.O. Box 2088	15-030-133100
DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 Santa Fe, New Mexico 87504-2088	S. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziac, NM 87410	6. State Oil & Gas Lease No. B-2179
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
1. Type of Well:	Keyes State
ANT X ANT OLIEX	Reyes state
2. Name of Operator Hanson Energy	8. Well No. 2
3. Address of Operator	9. Pool name or Wildcat
R 342 S Haldeman Rd. Artesia, NM 88210	Red Lake Q-G-SA
4. Well Location Unit Letter H: 1980 Feet From The N Line and 660	Feet From The E Line
170	
Section 9 Township 17S Range 28E N 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	MPM Eddy County
3521 GR	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBS	EQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING C	PNS. PLUG AND ABANDONMENT X
PULL OR ALTER CASING CASING TEST AND CEM	
OTHER: 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.	
Ran 2 3/8 Tubing to 1283' anp pump 55 sacks. Tag Plug at 1063'.	
Circulate Hole with Gelled Fresh Water. Shot Pipe at 401' and run	
Tubing to 460' and pump 30 Sack Plug. Tagged at 315'. Shot at 55' and	
pumped 10 sacks. Circulated aprox. 2 sacks to pit. Set 4 1/2 Marker. Start cleanup. Will notify when ready for final inspection. OCD was	
Notified at each Plug and Tag.	
	RECLIVED TO
	OCD - AKILON ST
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I hamby carried that the information should be an added to the state of the state o	RECLIVED RECLIVED AND AND OCH ARIESIA OF ARIESIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	
	DATE 10-4-01
	телерноне но. 748-2134
(This space for State Use)	
APPROVED BY // TITLE COLUMN CO	DATE/0-23-01
CONDITIONS OF APPROVAL, IF ANY:	