Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-103
Revis	ed 1-1-8

DISTRICT I			
DO Por 1980	Uahh.	NM	22740

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

VELL API NO.	15 -0		<u> </u>	2	Q	7	_
5. Indicate Type	of Lea	se .				_	

10	030 130200	
5. Indicate Type of I	STATE X	FEE
6. State Oil & Gas L	ease No.	

P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. B-1969
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: OIL OAS OTHER	Phillips Balding St.
2. Name of Operator	8. Well No.
Hanson Energy	· 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 N: 250 Feet From The S Line and 1570	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM Eddy County
Check Appropriate Box to Indicate Nature of Notice, R	eport, or Other Data SEQUENT REPORT OF:
NOTICE OF INTENTION TO:	SECOLIAT TILL OTTI OT.
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. U PLUG AND ABANDONMENT U
PULL OR ALTER CASING CASING TEST AND CE	EMENT JOB [
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103. Above Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103. Above Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103. Above Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103.	nsing shoe of Top of Perforation

I hereby certify that the informat	ion above is true and complete to the best of my ki	nowledge and belief.	
SIONATURE	Letto Ill	Mus Agent Agent	DATE 1-8-99
TYPE OR PRINT NAME	Dalton Bell		TELEPHONE NO. 748-2134

(This space for State Use)

me Field Rep. II

CONDITIONS OF APPROVAL, IF ANY: