Copy to S.F.

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT I. RIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
N.M. 015673-B

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL ☐   GAS WELL ☐   OTHER   **Temporarily Abandoned**

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
~~Ernest A. Hanson~~

8. FARM OR LEASE NAME
Flood Federal

3. ADDRESS OF OPERATOR
P. O. Box 1515, Roswell, New Mexico   88201

9. WELL NO.
1

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

1980' FSL & 660' FWL
Sec. 20, T-17-S, R-27-E
Eddy County, New Mexico

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20-17S-27E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3352' DF

12. COUNTY OR PARISH Eddy
13. STATE N. M.

16.

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

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

The captioned well has been temporarily abandoned to be drilled deeper at a later date. A tubing head and valve have been set on the casing and the location cleaned up.

CHANGE IN OPERATOR NAME FROM:
HANSON OIL COMPANY
TO
HANSON OIL CORPORATION
EFFECTIVE: APRIL 1, 1970

RECEIVED

JAN 2 7 1969

O. C. C.
ARTESIA, OFFICE

RECEIVED
JAN 2 7 1969

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

SIGNED _____   TITLE Exploration Manager   DATE 1-21-69

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JAN 2
R. L. BEEKMA
ACTING DIST

*See Instructions on Reverse Side