

c/sf

RECEIVED BY

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(Other instructions on
reverse side)

Artesia, NM 88210

MAR - 1985
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.)

O. C. D.

OIL WELLS ☒ ARTESIA OFFICE ☐ OTHER

2. NAME OF OPERATOR

James Warren Hanson DBA Hanson Energy

3. ADDRESS OF OPERATOR

Rt. 1, Box 60, Artesia, N.M. 882100

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

990 FNL & 2110 FWL Sec 35 T17S R27E

14. PERMIT NO.

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

5. LEASE DESIGNATION AND SERIAL NO.

Fed. LC 050158

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Harbold

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Empire Yates Seven Rivers

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 35 T17S R27E

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:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☒CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

5 1/2 CIPAGE SET AT 915'

1000 FROM T.O. TO SCIPPED

ATT. 44 - A CIPAGE C.

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

SIGNED James Warren HansonTITLE Owner - OperatorDATE 2/26/85

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE 2-28-85

CONDITIONS OF APPROVAL, IF ANY: