

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW OIL CONS. (COMPLETION) on re-verse side  
DRAWING NO. 88210  
MAY 1985

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different rock.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-14900	
2. NAME OF OPERATOR HANSON OPERATING COMPANY, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR P. O. BOX #1515, ROSWELL, NEW MEXICO 88202-1515		7. UNIT AGREEMENT NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FEL		8. FARM OR LEASE NAME SQUARE LAKE FEDERAL	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3759' GR		10. FIELD AND POOL, OR WILDCAT Square Lake - G-26	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T. 16S, R. 30E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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.) \*

Perforate Seven Rivers formation (1662-91' - 8 shots and 1772-1816' - 12 shots).  
Acidize new perforations with 2500 gal 15% NE Acid.  
Fracture treat perforations, if needed, with 50,000 gal gelled water, carrying 25,000# 20/40 sand and 40,000# 12/20 sand.

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

SIGNED <u>Brenda G. Mitt</u>	TITLE <u>Production Analyst</u>	DATE <u>03/22/85</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE <u>Assistant Resource Manager</u>	DATE <u>3-28-85</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side