

N. M. O. C. C. COPY
UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Copyrighted
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.

NM-14900

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		FEB 25 1977		8. FARM OR LEASE NAME	
Hanson Oil Corporation		O. C. C.		Square Lake Federal	
3. ADDRESS OF OPERATOR		ARTESIA, OFFICE		9. WELL NO.	
P. O. Box 1515, Roswell, New Mexico				#2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations, but see also space 17 below.) At surface				10. FIELD AND POOL, OR WILDCAT	
330' FSL and 1650' FEL				Square Lake	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		3751 G. L.		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	Spud and set casing

(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.)*

2/19/77 Moving in rigging up drilling rig, Spudded 12 1/4" hole @ 9:00 p.m.

2/21/77 T. D. 700', Drilling in Red Bed, ran 12 jts. (499.60') 8 5/8" J-55 28#, used casing set @ 490.60', and cemented w/225 sx. class C cement with 2% calcium chloride, plugged down 3:30 p.m. 2/20/77, Cement circulated. WOC 18 tested pipe to 500 PSI for 30 minutes, held O.K. U. S. G. S. notified but not present.

RECEIVED
FEB 24 1977
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Ray Willis TITLE Vice- Pres. Production DATE 2/23/77

(This space for Federal or State office use)

APPROVED BY Joe J. Lora TITLE ACTING DISTRICT ENGINEER DATE FEB 24 1977

CONDITIONS OF APPROVAL, IF ANY: