

(November 1984)

DEPARTMENT OF THE INTERIOR

(Other instructions
verse side)

Expires August 31, 1985

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.

14

10. FIELD AND POOL, OR WILDCAT

Empire rates 7 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.

1. O.C.D.
OIL ☒ GAS ☐
ARTESIA, OFFICE ☐ OTHER ☐

2. NAME OF OPERATOR

James Warren Hanson ✓

3. ADDRESS OF OPERATOR

Rt 1, Box 60, Artesia, N.M. 88210

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

1848 FNL & 2282 FWL Sec 35 T17S R27E

14. PERMIT NO.

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

3583 ur.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(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.) *

Spudded 12:00 PM January 8, 1985

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

SIGNED Kathie Hanson

TITLE Secretary

DATE 1/30/85

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY: RECORD

TITLE

DATE

FEB 8 1985

*See Instructions on Reverse Side