

RECEIVED BY
FEB 6
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)

5. LEASE DESIGNATION AND SERIAL NO.
Fed LC 050158
6. INDIAN ALLOTTEE OR TRIBE NAME
7. LEASE AGREEMENT NAME
8. FARM OR LEASE NAME
Harbold
9. WELL NO.
14
10. FIELD AND TOWN, OR WELLS
Empire Yates 7 Rivers
11. SURVEY OR TOWN
Sec 35 T17N R27E
12. COUNTY OR PARISH
Eddy
13. STATE
N.M.

1. NAME OF OPERATOR
James Warren Hansen
2. ADDRESS OF OPERATOR
Box 1, Box 60, Artesia, N.M. 88210
3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface
1848 FNL & 2182 FNL Sec 35 T17S R27E
4. ELEVATIONS (Show whether 12, 13, 14, etc.)
3583 Gr.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER PROPERTIES	DRILL OR ALTER CASING	WATER PROPERTIES	REPAIRING WELL
FRAC TREATMENT	RECEIPT OF COMPLETION	FRAC TREATMENT	ALTERING CASING
ABANDON & ABANDON	ABANDON*	SHOOTING OR ALLEGING	ABANDONMENTS
REPAIR WELL	CHANGE LEASE	(OTHER)	

(Other)

(Note: Report results of multiple completion on Well Completion or Reconnaissance Report and Log form.)

7. DESCRIPTION OF WELL OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent dates, including estimated date of starting or proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zone of interest to this work.)

1/28/85 Ran 387' of 7" 23# casing
Above change was in line with phone conversation to MMS office
Carlsbad. 1/28/85

1/28/85 Circulated 150 sacks cement but fell back and was tagged at 68'

1/29/85 Filled in with 3 yds ready mix

1/29/85 Drilled to TD of 398' & had good show of oil from 390' to 396'.

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

SIGNED James Warren Hansen TITLE Secretary DATE 1/30/85

15. Space for Federal or State office use

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side