

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD Budget Bureau No. 1004-0135
Artesia, NM 88210 Expires: March 31, 1993
as, Date Designated and Serial No.
LC050158

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

RECEIVED

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

AUG 02 '94

2. Name of Operator
Hanson Energy

O. C. D.

3. Address and Telephone No.
342 S. Haldeman, Artesia, N.M. 88210

ARTESIA OFF 262

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1848 FNL 2282 FWL Sec. 35-T17S-R27E

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Harbold #14

9. API Well No.

30-015-25139

10. Field and Pool, or Exploratory Area

Empire Yates SR

11. County or Parish, State

Eddy, N.M.

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

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

13. 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.)*

This well will be placed back in production. The approximate date will be 8/30/94.

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

Signed Jathi Homan

Title Secretary

Date 7/6/94

15. (This space for Federal or State office use)

Approved by _____

Title _____

Date _____

16. Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side