

UNITED STATES

SUBMIT IN TRIP DATE*
(Other instruction on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

RECEIVED BY

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APR -3 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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. O. C. D. OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> ARTESIA, OFFICE <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Fed. LC 050158	
2. NAME OF OPERATOR James Warren Hanson ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Rt. 1 Box 60, Artesia, N.M. 88210		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990 FNL & 2200 FWL Sec 35 T17S R27E		8. FARM OR LEASE NAME Harbold	
14. PERMIT NO.		9. WELL NO. 15	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3560 Gr		10. FIELD AND POOL, OR WILDCAT Empire Yates 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.

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"/>	

(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 well 12:00 P.M. March 4, 1985

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

SIGNED

Arthur G. Hanson

TITLE

Secretary

DATE

3/17/85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 2 1985

*See Instructions on Reverse Side

CARISBAD, NEW MEXICO