

UNITED STATES

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

RECEIVED BY

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

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.

15

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.

1. ARTESIA, OFFICE

WELL ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

James Warren Hanson

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

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

990 FNL & 2200 FWL Sec. 35 T17S R27E

14. PERMIT NO.

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

3560 Gr.

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.) *

3/25/85 Acidized with 1000 gallons 15% acid

3/27/85 Ran pump, tested well 72 hr., no production

4/1/85 Deepened well to 416' TD, slight show of oil 410' to 416'

4/3/85 Acidized with 1000 gallons 15% acid

4/4/85 Ran pump, put on production.

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

SIGNED

Kathie Hanson

TITLE

Secretary

DATE

4/9/85

(This space for Federal or State office use)

APPROVED BY **ACCEPTED FOR RECORD**
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APR 11 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO