

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
NOTE: Other information
verse side

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Fed LC 050158

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

James Warren Hanson

3. ADDRESS OF OPERATOR

R 342 S Haldeman Rd. Artesia, N.M. 88210

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

396' FNL & 2250' FWL Sec 35 T17S R27E

14. PERMIT NO.

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

3555 Gr

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Harbold

9. WELL NO.

16

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SURSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

2/27/86 Spudded well at 12:00 PM

ACCEPTED FOR RECORD

JWH
APR 2 1986

CAPISBAD, NEW MEXICO

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

SIGNED

James Warren Hanson

TITLE

Secretary

DATE 3/15/86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side