

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on re-
verse side)

Expires August 31, 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 stratum.
Use "APPLICATION FOR PERMIT" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-068712

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H & K Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Redlake Queen

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 11, T. 17S, R. 28E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Hanson Operating Company, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 1515, Roswell, New Mexico 88202-1515

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

990' FSL & 990' FWL

14. PERMIT NO.

30-015-26307

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

3647' GR

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 ☐

SUBSEQUENT 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.)

06/05/90 - Perf San Andres f/2201-2209' (9 holes).

06/06/90 - Acid w/3000 gal 20% NeFe ac.

RECEIVED
JUN 12 10 55 AM '90
OFFICE OF THE
ATTORNEY GENERAL

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

SIGNED

Burda L. Godfrey

TITLE

Production Analyst

DATE

06/11/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side