e de de la companya d	JEHAR I MEN BUREAU O	NI OF THE FLAND MANA		ik • • • ·	1	.ek 97+5.viiin 2–06871.2	ONE PRESENT	
	RY NOT	AND REP	ORTS O	rk to a different reservoir.		INDIAN, ALLOTTEE	OR TRIBE NAME	
				RECEIVED	7. UN	IT AGREEMENT NA	(2	
OIL WELL X	OTHER			MAY O			•	
2. NAME OF OPERATOR MAY - 8 1991						EM OR LEASE NAM		
Hanson Operating Company, Inc.						H & K Federal		
ARTESIA, OFFICE						9. WBLL NO.		
P. O. Box 1	.515, Roswel	1, New Mex	$i\infty$ 8820	02-1515	2		(20)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also apace 17 below.) At surface 990 FSL & 990 FWL						Redlake Queen/GB/SA 11. SBC., T., B., M., OR BLE. AND BURNEY OR ARMA Sec. 11, T. 17S, R. 28E		
API #30-015-26	307 :	3647' GR			Ed	lđy	New Mexi∞	
	Check Approp	oriate Box To I	ndicaie Na	ture of Notice, Report, (or Other D	ata		
NO	NOTICE OF INTENTION TO:					BEQUENT ESPORT OF:		
TEST WATER SHUT-OFF	PULL	OR ALTER CASING	i!	WATER SHUT-OFF		REPAIRING W	BLE	
PRACTURE TREAT	()	PLE COMPIETE		FRACTURE TREATMENT	<u> </u>	ALTERING CAS	IING	
SHOOT OR ACIDIZE	ABAND		!	SHOOTING OR ACIDIZING		ABANDONMENT	·•	
(Other) Remove		E PLANS		(Other)(Norm: Report_real	sults of mult	ipie completion of	n Well	
nent to this work.) *	@1650'. I	Produce P	remier	details, and give pertinent dins and measured and true ve	ertical depth	s for all markers	and sones perti-	
	P V		, -					
I hereby certify that the	foregoinm is a	and correct						
SIGNED SIGNED	. Jenn	•	TLE Prod	fuction Analyst	т	DATE 424	-91	
(This space for Federal	or State office use)					-	
ADDROUGED DE	to a reserva-		e e Pre	and the state of t	_	5/6/	91	
APPROVED BY CONDITIONS OF APPR	OVAL IF ANT:	TI'	TLE		r	DATE		

*See Instructions on Reverse Side