TIVED	· · · ·	NM OIL CONS COMMISSION Drawer DD Artesia, NM 88210
(June 1990) DEPARTMEN	TED STATES IT OF THE INTERIOR LAND MANAGEMENT	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. LC 065478-B
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals		6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
Oil Gas Other Well Other A and Operator	C	8. Well Name and No. Malco 2 #2
Hanson energy		9. API Well No.
3. Address and Telephone No. R. 342 S. Haldeman Rd.	Artesia, N.M. 88210 746-2262	30-015- <u>87165</u> D1208 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		Red Lk, Qn, Brb. SA
143.6 FNL 1257.6 S3-18S-27E	FEL	Eddy, N.M.
12. CHECK APPROPRIATE BOX	s) TO INDICATE NATURE OF NOTICE, REPO	LRT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
	Recompletion	
Subsequent Report	Plugging Back	Non-Routine Fracturing
Final Abandonment Notice	Casing Repair	Water Shut-Off Conversion to Injection
	Other	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well
give subsurface locations and measured and true verti	all pertinent details, and give pertinent dates, including estimated date of startin cal depths for all markers and zones pertinent to this work.)* <u>ace</u> this well bac <u>in production</u> 30, 1995.	
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		1 3 1995
	OIL C	ON. DIV. st. 2
14. I hereby certify that the foregoing is true and correct Signed Active Active	Tille Secretary	
(This space for Federal or State office use) Approved by (ORIG. SGD.) JOE G. L. Conditions of approval, if any:	ARA	Date 6/8/95
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.		
	*See Instruction on Reverse Side	K

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