

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED
OCD - ARTESIA

C15F

Form C-103
Revised March 25, 1999

WELL API NO.
30-015-02635

5. Indicate Type of Lease

STATE ☒ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Tr. 12 West Artesia Grbg
unit TR. 12

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

Hanson Energy

8. Well No.

14

3. Address of Operator

R. 342 S. Haldeman Rd, Artesia, NM 88210

9. Pool name or Wildcat

Artesia, Qn, Grbg, SA

4. Well Location

Unit Letter P 990 feet from the S line and 330 feet from the E line

Section 7 Township 18S Range 28E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

3611' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Equipment repaired and well placed in production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kathie Hanson TITLE Production Clerk DATE 10/29/02

Type or print name Kathie Hanson

Telephone No. 746-2262

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any.