

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 10624
30-015-~~10524~~

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-647

7. Lease Name or Unit Agreement Name
Twin Lakes

8. Well No. 11

9. Pool name or Wildcat
Artesia Q-G-SA

10. Elevation (Show whether DP, RKB, RT, GR, etc.)
3527

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

3. Address of Operator
R-342 S. Haldeman Rd. Artesia NM 88210

4. Well Location
Unit Letter K : 1980 Feet From The S Line and 1980 Feet From The W Line
Section 28 Township 19S 18 Range 28E NMPM Eddy County

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

Made Neccassery repairs. Put well on production. 10-26-00



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

SIGNATURE Dalton Bell TITLE Agent DATE 11-9-00
TYPE OR PRINT NAME Dalton Bell TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Mike S. Williford TITLE Field Rep II DATE 11/21/2000
CONDITIONS OF APPROVAL, IF ANY: _____