

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
SUBMIT IN DUPLICATE\*  
(Other Just  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 025503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ginsberg-Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Shu gart-Undes.

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

Sec. 25-18S-30E

12. COUNTY OR PARISH

Eddy

13. STATE

N. Mex.

## 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—" for such proposals.)

1.

OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Hanson Oil Co.

3. ADDRESS OF OPERATOR

P.O. Box 1515 Lovell NM 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

1650 FNL &amp; FEL

Sec. 25, T-18-S., R-30-E.

Eddy County, New Mexico

14. PERMIT NO.

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

3560 DF

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) Running 5 1/2" casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

X

(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.)\*

7-25-69 T.D. 3719' dolomite. Ran 5 1/2", 15 1/2#, J-55 casing at 3716' with 250 sacks Incor + 5# NaCl per sack. WOC.

7-30-69 P.B.T.D. 3715'. WOC.  
Tested casing at 1200 psi for 1 hour prior to treatment. No leaks.

RECEIVED

AUG 4 - 1969

D. D. C.  
ARTESIA, OFFICERECEIVED  
AUG-11-1969  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

Harry P. Schwan

TITLE

Manager

DATE

7-31-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES ONLY

AUG 1 - 1969  
Date

ACTING District Engineer

\*See Instructions on Reverse Side