

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

SUBMIT IN TRIPlicate
(Other instruction
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | <div>RECEIVED BY MAR 18 1986 O. C. D. ARTESIA, OFFICE</div> | 5. LEASE DESIGNATION AND SERIAL NO. NM-025503 |
| 2. NAME OF OPERATOR HANSON OPERATING COMPANY, INC. | | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A |
| 3. ADDRESS OF OPERATOR P. O. BOX #1515, ROSWELL, NEW MEXICO 88201-1515 | | | 7. UNIT AGREEMENT NAME N/A |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FSL & 1650' FEL Sec. 24, T. 18S, R. 30E | | | 8. FARM OR LEASE NAME GINSBERG FEDERAL |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3612.4' GR | 9. WELL NO. 5 |
| | | | 10. FIELD AND POOL, OR WILDCAT Shugart - Y-SR-G-G |
| | | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T. 18S, R. 30E |
| | | | 12. COUNTY OR PARISH Eddy |
| | | | 13. STATE New Mexico |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input checked="" type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | (Other) <input type="checkbox"/> |

(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.) *

It is proposed to plug and abandon this well in the following manner:

Set a CIBP @ 3350' and cap with a 35' cement plug.
Perforate a squeeze hole @ 1850' (Base of Salt) and set a cement retainer @ 1800'.
Pump a 100' cement plug in back side and a 50' cement plug inside 5 1/2 casing.
Perforate a squeeze hole @ 700' and circulate cement through annulus to surface. 100' plug inside 5 1/2" csg.
Set a 50' surface plug, install dry hole marker and rehab location.
All plugs will be set in place using a mud-laden fluid.

Note: 8-5/8 csg set @ 804' w/150 sx (circulated)
5-1/2 csg set @ 3715' w/350 sx (1850' - estimated top of cement).

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

| | | |
|----------------------------------------------|---------------------------------|----------------------|
| SIGNED <u>Bunda R. Godfrey</u> | TITLE <u>Production Analyst</u> | DATE <u>03/06/86</u> |
| (This space for Federal or State office use) | | |
| APPROVED BY <u>Scott Adams</u> | TITLE <u>AREA MANAGER</u> | DATE <u>3-17-86</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |

*See Instructions on Reverse Side