

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-025503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Hanson Oil Corporation		8. FARM OR LEASE NAME Ginsberg Federal	
3. ADDRESS OF OPERATOR P. O. Box 1515 - Roswell, New Mexico 88201		9. WELL NO. #10	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 330' FEL Sec. 26, T-18-S, R-30-E Eddy County, New Mexico		10. FIELD AND POOL, OR WILDCAT Shugart	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3456.2 GL	
		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Running 5½" casing	<input checked="" 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.) *

11-17-71 T.D. 3520', lime & sand. Ran 5½", 15.5# casing to 3520'. Cemented w/200 sx. Lite Wate + 150 Sx. class C, 8# salt/sx + 5# sand/sx. W.O.C.

11-18-71 PBTD - 3458'. Tested casing @ 1000# for 1 hour prior to treating, no leaks.

RECEIVED

NOV 23 1971

O. C. C.
ARTESIA, OFFICE

RECEIVED
NOV 22 1971
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Raymond J. Smith TITLE Manager DATE 11-19-71

(This space for Federal or State office use)

APPROVED BY H. L. BEEKMAN TITLE ACTING DISTRICT ENGINEER DATE NOV 22 1971

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side