

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR. CATE*
(Other instructions on re-
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.

#10

10. FIELD AND POOL, OR WILDCAT

Shugart

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

Sec. 26, T-18S, R-30E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Hanson Oil Corporation

3. ADDRESS OF OPERATOR

P. O. Box 1515 - Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface2310' FSL & 330' FEL
Sec. 26, T-18-S, R-30-E
Eddy County, New Mexico

14. PERMIT NO.

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

3456.2 G.L.

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) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

11-18-71 Perf. w/3 jets/ft. - 3442-3448' - Total 18 perfs. 0.45" jets.
Perf. w/3 jets/ft. - 3160-3164' - Total 12 perfs. 0.45" jets.
Ran 3-1/2" N-80 tbg. with HOWCO HM packers. Set @ 3150 & 3174'.
Treated perfs. 3442-3448' w/500 gals. acid, 20,000 gals. slick
water w/20,000# 20-40 sand. Formation broke @ 2600#, treated
@ 2800#. 28 BPM injection rate. ISDP @ 1100#. 10 min. SIP
@ 1100#.
Treated perfs. 3160-3164' w/1000 gals. acid, 20,000 gals. slick
water w/20,000# 20-40 sand. Formation broke @ 2500#, treated
@ 2850# @ 28 BPM injection rate. ISDP @ 1100#, 10 min. SIP
@ 1100#.

RECEIVED

NOV 23 1971

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

SIGNED

*Reaper Lewis*TITLE *Area Manager*

DATE 11-19-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side