

UNITED STATES

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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

45P

RECEIVED BY DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**MAY 15 1985**

**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.)

O. C. D.  
OIL ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.  
NM-025503

6. IF INDIAN, AIDOTTEE OR TRIBE NAME  
N/A

7. UNIT AGREEMENT NAME  
N/A

8. FARM OR LEASE NAME  
GINSBERG FEDERAL

9. WELL NO.  
11

10. FIELD AND FSL, OR WILDCAT  
Shugart-Y-SP-Q-G

11. SEC., T., R., NW, OR SW, AND SURVEY OR AREA  
Sec. 26, T. 18S, R. 30E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

2. NAME OF OPERATOR  
HANSON OPERATING COMPANY, INC.

3. ADDRESS OF OPERATOR  
P. O. BOX 1515, ROSWELL, NEW MEXICO 88202-1515

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
990' FSL & 330' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3456 G.L.

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<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.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.)\*

Perforated interval 2265'-2290' (26 holes) and 2342'-2348' (7holes)  
Seven Rivers Formation. Acidized with 3500 gallons 15% NE Acid. No further stimulation is necessary. Put well back on production on May 10, 1985.



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

SIGNED David J. [Signature] TITLE Drilling & Production Super. DATE May 10, 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAY 13 1985

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO