

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.
LC 058650

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Dry Hole		AUG 28 1972	
2. NAME OF OPERATOR Hanson Oil Corporation		O. C. C. ARTESIA, OFFICE	
3. ADDRESS OF OPERATOR P. O. Box 1515 Roswell, New Mexico 88201		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL & 2310 FWL Sec. 26, T-18-S, R-30-E, N.M.P.M. Eddy County, New Mexico		7. UNIT AGREEMENT NAME	
14. PERMIT NO.		8. FARM OR LEASE NAME Jones-Federal	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3467.8 G. L.		9. WELL NO. 1	
		10. FIELD AND POOL, OR WILDCAT Undesignated	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-18-S, R-30E	
		12. COUNTY OR PARISH Eddy	
		13. STATE N. M.	

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 checked="" 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.)*

The referenced well was plugged as per verbal instruction of Mr. Knauf on April 30, 1972. The following plugging program was used:

1. 10 sx. 0-75' surface plug.
2. 35 sx. 650-760' across shoe of 8-5/8" casing.
3. 35 sx. 1570-1670' across Base of Salt.
4. 35 sx. 2900-3000'
5. 35 sx. 3300-3400'

The plugging was completed at 5:00 PM on April 30, 1972. The intervals between plugs were filled with 10 lb. mud.

A regulation dry hole marker was set and the location has been cleaned and is ready for inspection.

RECEIVED

JUN 26 1972

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED R. E. HarringtonTITLE GeologistDATE June 20, 1972

(This space for Federal or State office use)

APPROVED BY R. L. BECKMAN
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED
AUG 25 1972
R. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side