

WELL NAME AND NUMBER: Pecos River #1

LOCATION: SW $\frac{1}{4}$ NW $\frac{1}{4}$ Section 34, T-18-S, R-27-E, Eddy County, New Mexico

OPERATOR: Hanagan Petroleum Corporation

DRILLING CONTRACTOR: Moran Oil Producing & Drilling Corporation

The undersigned hereby certifies that he is an authorized representative of Hanagan Petroleum Corporation, operator of the above described well, and that the following deviation tests were taken:

Degrees @ Depth

1/2	310
1/2	832
1/2	1250
1-1/2	1790
1-1/2	2000
3/4	2630
1-1/4	3892
1-1/2	4370
1	4865

Degrees @ Depth

2-1/2	5860
2-1/2	6480
2-3/4	6959
2-1/2	7580
2-1/4	7880
2-1/4	8400
1-1/2	9080
1-1/4	9800

HANAGAN PETROLEUM CORPORATION

By: Hugh E. Hanagan
Vice President

Subscribed and sworn to before me this 16th day of October, 1972.

My Commission Expires:

July 3, 1973

Alvin L. Bliss

Notary Public
State of New Mexico

RECORDED

OCT 17 1972

U. S. DEPT. OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1 (CATE)
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0305188

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pecos River

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 34-18S-27E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1. OIL ☐ GAS ☐ OTHER ☒ Dry
WELL WELL

2. NAME OF OPERATOR

Hanagan Petroleum Corporation

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1980' FNL & 660' FEL

14. PERMIT NO.

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

3419' KB

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 perti-
nent to this work.)*

12/28/72: Shot 8-5/8" casing off @ 2388. Set 100' plug 50 sx. @
stub and 100' plug 50 sx. @ 260'. 10 sk. plug @ surface.
Installed proper dry hole marker.

RECEIVED

JAN-31973

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

M. L. Southern

TITLE

Agent

DATE

12/28/72

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAR 8-1973
H. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side