

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

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 <u>WTW</u> NM OIL CONS COMMISSION		5. LEASE DESIGNATION AND SERIAL NO. NM-025503
2. NAME OF OPERATOR Hanson Operating Company, Inc. Drawer DD Artesia, NM 88210		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1515, Roswell, New Mexico 88202-1515		7. UNIT AGREEMENT NAME B.S.W.U.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface FEL FEB - 2 1994 Unit A, NE $\frac{1}{4}$ NE $\frac{1}{4}$, 990' FNL & 990' EST		8. FARM OR LEASE NAME
14. PERMIT NO. 30-015-23697	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3459.8 GL	9. WELL NO. #5
		10. FIELD AND POOL, OR WILDCAT Shugart(Y-SR-Q-GR)
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec.26, T.18S, R.30E
		12. COUNTY OR PARISH 18. STATE Eddy New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

<input type="checkbox"/> 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
(Other)	

SUBSEQUENT REPORT OF:

<input type="checkbox"/> 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*
(Other) Install & Test Inject. Pkrs.	<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.)*

On 12/21/93, ran in hole with 2 3/8" plastic coated tubing sub, nickel coated Baker Side Pocket Mandrel, 2 3/8" plastic coated tubing sub, nickel coated Baker Model A-3 lock set Packer, 8 jts of 2 3/8" plastic coated tubing, nickel plated Baker Side Pocket Mandrel, 2 3/8" plastic coated tubing sub, nickel coated Baker Model C-1 tandem tension packer, and 92 jts of 2 3/8" plastic coated tubing. Set Baker A-3 lockset packer at 3348'. Set Baker model C-1 tandem tension packer at 3064'. Circulated backside with packer fluid.
On 12/27/93, tested casing to 500 PSI. Test witnessed by Mike Stubblefield with NMOCD. Pressure bleed down to 400 PSI in 15 min. Mike gave OK until we had pressure under tension packer.

J. Lara
FEB 28 1994

RECEIVED
FEB 28 1994

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

SIGNED *Patricia A. McLean* TITLE Production Analyst DATE 01/10/94

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**