

UNITED STATES
DEPARTMENT OF THE INTERIOR

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

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RECEIVED BY BUREAU OF LAND MANAGEMENT	
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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
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 510' FSL & 2310' FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3539' GR

5. LEASE DESIGNATION AND SERIAL NO. NM 025503	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
7. UNIT AGREEMENT NAME N/A	
8. FARM OR LEASE NAME GINSBERG FEDERAL	
9. WELL NO. 16	
10. FIELD AND POOL, OR WILDCAT Shugart (Y,SR,Q,Gb)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T. 18S, R. 30E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico

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.)*

Perf f/3189' - 3204' (1 JSFP).
Acidized w/1500 gals 15% acid.
Set WLBP @ 3160' w/20' cement.
Treated w/1000 gals 15% acid, 30,000 gals gelled water, 31,500# 20/40 sand & 28,000# 10/20 sand.

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

SIGNED Bunda H. Witt TITLE Production Analyst DATE 01/03/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
JAN 4 1985

Carlsbad, NEW MEXICO

*See Instructions on Reverse Side