

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

45F

Drawer B9

ARTESIA, NM SUNDAY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or to open or to close a different reservoir.  
Use "APPLICATION FOR PERMIT" for new proposals.)

1. OIL WELL ☒ GAS WELL ☐ 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

RECEIVED  
MAR -4 1985  
O. C. D.  
ARTESIA, OFFICE

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3539' GR

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 checked="" type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING	<input 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.)\*

Propose to perforate zone 2410 - 2424' (Seven Rivers) & frac w/30,000 gals gelled water.

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

SIGNED Brenda R. Kitt TITLE Production Analyst DATE 02/27/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 3-1-85

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side