

SENT BY:

9- 2-93 : 9:03 : HANSON & MARRIDE-

505 748 9720: # 1/ 1

Form 3100-5
(November 1983)
(Formerly 9-331)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OPERATOR'S COPYBudget Bureau No. 1004-0135
Expires August 31, 19856. LEASE DESIGNATION AND SERIAL NO.
NM-025503

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)OIL WELL ☐ GAS WELL ☐ OTHER ☐ WIW ☒

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

Unit I, NE 1/4 SE 1/4, 1530' FSL & 940' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, ST, OR, ETC.)

3446.2' GR

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 ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

(Other)

Change name of well

X

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.)

Change name of well from:
Ginsberg Federal Battery #2-Well #19Change name of well to:
Benson Shugart Waterflood Unit #7 WIW

APO submitted on this well: 4/23/93

Post-It™ brand fax transmittal memo 7671		# of pages > 1
To <u>May</u>	From <u>Pat McGraw</u>	
Co. <u>OCD - Artesia</u>	Co. <u>Hanson Operating</u>	
Dept.	Phone # <u>622-7330</u>	
Fax # <u>748-9720</u>	Fax #	

RECEIVED
JUN 4 10 45 AM '93
CARTER AREA

RECEIVED

Post ID-3
9-3-93
shy well name

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

SIGNED Patricia A. McGrawTITLE Production AnalystDATE June 3, 1993

(This space for Federal or State office use)

APPROVED BY Joe J. Lara
CONDITIONS OF APPROVAL, IF ANY:TITLE PRODUCTION ANALYSTDATE 6/28/93

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.