

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR (Other, instructi
verbal aide)

CATZ
OR 10

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

3. LEASE DESIGNATION AND SERIAL NO.

NM-025503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

B.S.W.U.

9. WELL NO.

#7

10. FIELD AND POOL, OR WILDCAT

Shugart-Yates-SR-Q-GR

11. SEC., T., R., M., OR BLE. AND
SUBST OR AREA

Sec.26, T.18S, R.30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ WIW

SEP - 1 1993

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 DF, RT, OR, etc.)

3446.2' GR

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)

PELL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANT

Request For Variance

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDISING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED OR COMPLETED OPERATION (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.)

Hanson Operating Company, Inc., request a variance from Onshore Oil #11,
Part III Blh.

We request this variance on the above captioned well based on the Low
Bottom Hole Pressure of the field. The Bottom Hole Pressure Test was
ran on the Louise B. Benson #1(aka: B.S.W.U. #3). See attached Bottom
Hole Pressure Test.

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

SIGNED

Patricia A. McLaw

TITLE Production Analyst

DATE August 3, 1993

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side