

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
reverse side)

Form approved:
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 ☒ GAS WELL ☐ OTHER ☐		RECEIVED	
2. NAME OF OPERATOR Hanson Operating Company, Inc.		SEP - 1 1993	
3. ADDRESS OF OPERATOR P.O. Box 1515, Roswell, New Mexico 88202-1515		4. D.	
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		5. LEASE DESIGNATION AND SERIAL NO. NM-025503	
14. PERMIT NO. 30-015-27546		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3446.2' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
17. DESCRIBE PROMISED 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.)		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME B.S.W.U.	
		9. WELL NO. #7	
		10. FIELD AND POOL, OR WILDCAT Shugart(Y-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	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLAN? ☐	(Other) ☐	(Other) ☐
(Notes: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
17. DESCRIBE PROMISED 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.)			

8-19-93 Perforated the 3rd Penrose Sand in the following interval(3436'-3444')
34 holes.

8-20-93 Fracture stimulate the 3rd Penrose Sand as follows:
1500 gals of 15% HCL acid followed by 30,000 gals of
Boragel & 16/30 sand.

18. I hereby certify that the foregoing is true and correct
SIGNED Patsia A. McShaw TITLE Production Analyst DATE August 31, 1993
(This space for Federal or State office use)

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

*See Instructions on Reverse Side