

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection Well		7. UNIT AGREEMENT NAME B.S.W.U.
2. NAME OF OPERATOR Hanson Operating Company, Inc.		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 1515, Roswell, New Mexico 88202-1515		9. WELL NO. #7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit I, NE $\frac{1}{4}$ SE $\frac{1}{4}$, 1530' FSL & 940' FEL		10. FIELD AND POOL, OR WILDCAT Shugart(Y-SR-Q-GR)
14. PERMIT NO. 30-015-27546		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.26, T.18S, R.30E
15. ELEVATIONS (Show whether DF, RT, GR, 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Install & Test Inj.Pkr.	<input checked="" type="checkbox"/>

(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.)*

On 12/15/93, ran in hole with 2 3/8" plastic coated tubing sub, nickel coated Baker Side Pocket Mandrel, 2 3/8" plastic coated tubing sub, nickel coated Baker Model A-3 Lockset Packer, 8 jts of 2 3/8" plastic coated tubing, nickel coated Baker Side Pocket Mandrel, 2 3/8" plastic coated tubing sub, nickel coated Baker C-1 tandem tension packer and 94 jts of 2 3/8" plastic coated tubing. Circulated packer fluid on back side. Set the Baker A-3 Lockset at 3378'. Set the Baker C-1 Tension Packer at 3097'. Pressure tested casing to 560#. Held for 15 min. Test witnessed by Johnny Robinson with NMOCD. See attached pressure chart.

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

SIGNED

Patricia A. McLean

TITLE Production Analyst

DATE 01/10/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side