

SENT BY:

Form 3100-5
(November 1983)
(Formerly 9-331)

11-23-93 : 14:13 : HANSON & McBRIDE-
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT OPERATOR'S COPY

505 748 9720: 1/1
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.)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

Unit L, 1631' FSL & 1012' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3463' GR

5. LEASE DESIGNATION AND SERIAL NO.

NM-01375

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Keinath Federal

9. WELL NO.

#15

10. FIELD AND POOL, OR WILDCAT

Shugart-Yates-SR-Q

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA

Sec. 25, T18s, R. 30E NMPM

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

(Other) Change name of well.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANT

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:
Keinath Federal #6Change name of well to:
Benson Shugart Waterflood Unit #15

Post-It™ brand fax transmittal memo 7671		# of pages > 1
To May	From Pat McGraw	
Co. Oil Conservation	Co. Hanson Oper.	
Dept.	Phone # 622-7330	
Fax # 748-9720	Fax #	

CARTER AREA
JUN 4 10 53 AM '93

RECEIVED

Post ID-3
12-17-93
cgy he name

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

SIGNED Patricia A. McGraw

TITLE Production Analyst

DATE June 3, 1993

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

*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.