

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN
(Other Inst.
verse side)PLICATED
ONE OR RE-Form approved.
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

NM 06814

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Southern Union

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

No. Hackberry Yates

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

Sec. 30-19S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL
WELL ☒ GAS
WELL ☐ OTHER

2. NAME OF OPERATOR

Hanson Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1515, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface2310' FSL & 320' FWL
Sec. 30, T-19-S, R-31-E, NMPM
Eddy County, New Mexico

14. PERMIT NO.

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

3451'

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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.)*

6-16-69 Perf. 1 - 0.40" jet @ 1967', 1970', 1974', 1985', 1989',
1991', 2002½' & 2009'.6-17-69 Frac. limited entry via 3-1/2" tubing w/25,000 gals. lease
oil + 25,000 lbs. 20-40 sand + 1000 lbs. 10-20 sand.
Treated 24 bbs. per min. @ 3500 psi.RECEIVED
JUN 19 1969
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Harry F. Johnson

TITLE

Manager

DATE

6-17-69

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUN 19 1969

R. L. BECKMA

*See Instructions on Reverse Side