

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY
SUBMIT IN
(Other inst. applications on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry hole		5. LEASE DESIGNATION AND SERIAL NO. N. M. 06814
2. NAME OF OPERATOR Hanson Oil Company /		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1515, Roswell, New Mexico 88201		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FEL Sec. 30, T-19-S, R-31-E, N.M.P.M. Eddy County, New Mexico		8. FARM OR LEASE NAME Southern Union
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3455' GL	9. WELL NO. 2
		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.

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)*

8-12-69 T.D. 570' anhy. & salt. Ran 8-5/8" @ 570' w/150 sx. 50-50 Pozmix circulated to the surface. WOC.

8-13-69 WOC 24 hours. Drilling out cement plug when tools became stuck in cement cuttings @ 550' inside of casing.

8-14-69 Could not recover drilling tools. Propose that the casing be filled with rock and a 10 sack cement plug be set at the surface. The rig will then be skidded to the west and the well re-spudded.

RECEIVED

AUG 27 1969

O. C. C.
ARTESIA, OFFICE

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

SIGNED Harry F. Schuman TITLE Manager DATE 8-15-69

(This space for Federal or State office use)

APPROVED BY H. L. BECKMAN TITLE ACTING DISTRICT ENGINEER
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side