

RECEIVED BY

SUNDRY NOTICES AND REPORTS ON WELLS

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 ☐

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
330' FSL & 330' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3140' GR

5. LEASE DESIGNATION AND SERIAL NO.
LC-068282-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
HANSON FEDERAL

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
No. Mason Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T. 26S, R. 31E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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 ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☒ ABANDONMENT* ☐
(Other) ☐

(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.)*

Pmpd 600 gal Xylene, Pmpd 400 gal 10% Hydrochloric Acid.

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

SIGNED Brenda Y. Kitt TITLE Production Analyst

DATE 03/04/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY: SEE

TITLE

DATE

MAR 11 1985

*See Instructions on Reverse Side