

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135  
Expires August 31, 1985

458

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME N/A
2. NAME OF OPERATOR Hanson Operating Company, Inc.	8. FARM OR LEASE NAME HANSON FEDERAL BATTERY #1
3. ADDRESS OF OPERATOR P. O. Box 1515, Roswell, New Mexico 88202-1515	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit E, SW $\frac{1}{4}$ NW $\frac{1}{4}$ , 2310' FNL & 330' FWL	10. FIELD AND POOL, OR WILDCAT Mason Delaware, North
14. PERMIT NO. 31191 GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T. 26S, R. 31E
15. ELEVATIONS (Show whether DE, RT, GR, etc.) 31191 GR	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico

RECEIVED BY  
MAY 18 1987  
O. C. D.  
DESIA, OFFICE

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 checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" 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"/>		<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.) \*

Propose to clean out well bore to original total depth of 4175', fracture and stimulate as needed. Return well back to production.

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

SIGNED Branda R. Godfrey TITLE Production Analyst DATE 05/06/87

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE REGIONAL RESIDENT DATE 5-13-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side