

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OILS COMMIT
Drewer side
Artesia, NM 88210

DATE
DEC 1

Budget Bureau No. 1004-0157
Expires August 31, 1985

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.

#8

10. FIELD AND POOL OR WILDCAT

Brushy Canyon Wildcat

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

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Hanson Operating Company, Inc.

3. ADDRESS OF OPERATOR

P. O. Box #1515, Roswell, New Mexico 88202-1515 OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

330' FSL & 2310' FEL
Unit 0, SW/4 SE/4

14. PERMIT NO.

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

3145' GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Casing Repair

(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.)*

Cut off casing @ 84'. TOH & LD 80' 8-5/8" csg, ran 2 jts 8-5/8" 24#
K-55 ST&C csg. Tied on @ 80'. Cem csg w/4 yds cem. WO cem 18 hrs. Press
tstd - no press decr.

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

SIGNED Brenda Y. Witt

TITLE Production Analyst

DATE 11/08/84

(This space for Federal or State office use)

APPROVED BY Dev &

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY

*See Instructions on Reverse Side