

UNITED STATES

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Expires August 31, 1985

RECEIVED BY

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

North 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

APR 11 1985

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. ARTESIAN, OFFICE

WELL ☒ ARTESIAN 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 & 2310' FEL

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)

(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.)*

Perforate Cherry Canyon (5630-46' - 1 JSPF).
 Acidize new perforations w/2,000 gal 15% NE acid.
 Swab test & fracture perforations as needed.

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

SIGNED

Brenda R. Witt

TITLE

Production Analyst

DATE 03/22/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

4-10-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.