

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC-068282-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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	
2. NAME OF OPERATOR Hanson Oil Corporation		8. FARM OR LEASE NAME Hanson Federal	
3. ADDRESS OF OPERATOR P.O. Box 1515 Roswell, New Mexico 88201		9. WELL NO. 12	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330'FNL & 330'FEL Sec.25, T-26-S, R-31-E		10. FIELD AND POOL, OR WILDCAT North Mason	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-26-S, R-31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3169 D.F.		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Deepening well	<input checked="" type="checkbox"/>		<input checked="" 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.)*

10-27-74 Cleaned well to T.D. (4257')

10-29-74 Cored w/ 4 3/4" core bbl. from 4257-4307'

10-30-74 Cored w/ 4 3/4" core bbl. from 4307-4357'

11-1-74 Ran Gamma Ray Accoustic & Dual Density logs.

11-2-74 Ran packer on 3 1/2" tubing, set @ 4230'.
Treated open hole w/ 24,000# 10/20 sand & 560bbls gelled oil @
14 BPM @ 1200 P.S.I., S.I.P. 600 P.S.I.

11-6-74 Put well on pump.

Production prior to remedial work: 3.5 B.O.P.D.

6. B.W.P.D.

Production after remedial work: 14 B.O.P.D.

48 B.W.P.D.

RECEIVED

NOV 21 1974

U.S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

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

SIGNED

Ray Wells

TITLE Vice-President- Prod.

DATE 11-20-74

(This space for Federal or State office use)

APPROVED BY

Don E. Hunt

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: