

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

451

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"/>	<div style="border: 2px solid black; padding: 5px; text-align: center;">MAY 18 1987 NATIONAL OFFICE</div>	5. LEASE DESIGNATION AND SERIAL NO. LC-068282-B
2. NAME OF OPERATOR Hanson Operating Company, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR P. O. Box 1515, Roswell, New Mexico 88202-1515 C. D.		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit B, NW $\frac{1}{4}$ NE $\frac{1}{4}$, 330' FNL & 1650' FEL		8. FARM OR LEASE NAME HANSON FEDERAL BATTERY #1
		9. WELL NO. 13
		10. FIELD AND POOL, OR WILDCAT Mason Delaware, North
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T. 26S, R. 31E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3158' GR	12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <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 4228', fracture and stimulate as needed. Return well back to production.

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

SIGNED <u>Brenda L. Hodfrey</u>	TITLE <u>Production Analyst</u>	DATE <u>05/06/87</u>
(This space for Federal or State office use)		
APPROVED BY <u>Donna Adams</u>	TITLE <u>Assistant Regional Manager</u>	DATE <u>5-12-87</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side