Form 9-331 (May 1963)	UNITED STATE	LU, E. E. COPT S SUBM		E. Form approved. Budget Bureau No. 42-R1424.
DEP/	MENT OF THE INTERIOR verse side			5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SUR	RVEY	Coff F-	L.C. 068282-B
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.)				A. IF INDIAN, ALLOTTER OR TRIBE NAME
				7. UNIT AGREEMENT NAME
OIL GAS WELL OTHER				
2. NAME OF OPERATOR Ernest A. Hanson				8. FARM OR LEADE NAME
ALTIESCA. DEIISOII 3. ADDRESS OF OPERATOR				Hanson Federal - Tr. 2
P. O. Box 1515, Roswell, New Mexico				14
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. ⁴ See also space 17 below.)				10. FIELD AND FOOL, OR WILDCAT
At surface 1650' FNL & 990' FEL				Mason Delaware, North
Sec. 25, T-26-S, R-31-E, N.M.P.M.				11. BEC., T., R., M., OR BLK. AND SURVEY OR AHEA
Eddy County, New Mexico				Sec. 25 - 268 - 31E
. PBRMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)				12. COUNTY OB PARISH 13. STATE
	3159' I)F		Eddy N. Mex.
16. Chec	k Appropriate Box To In	dicate Nature of N	lotice, Report, o	r Other Data
	INTENTION TO:			SEQUENT BEFORT OF
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WAT	R SHUT-OFF	BEPAIRING WBILL
FRACTURE TREAT	MULTIPLE COMPLETE		TUBE TREATMENT	ALTERING CABING
SHOOT OR ACIDIZE	ABANDON®	SHO	TING OR ACIDIZING	ABANDONMENT
REPAIR WELL	CHANGE PLANS	(Oth		1 Woll X ults of multiple completion on Well
(Other)		2	Completion or Reco	mpletion Report and Log form.) tes, including estimated date of starting any
As per request of the following rep November 30, 1967	(2). Hot oil	reby submitted unit pulled re truck circula to surface v:	d for your a ods from wel	pproval:
		unit reran ro		c, fro and strate for a
HECENVEL UEC201967 UEC201967				
		CEIV		医黄疸病 计外部 医小锥管
	ay e ar 19	KE ANIGE	57	· · · · · · · · · · · · · · · · · · ·
		UEC2019F	SURVE	
		U.S. GEOLOGICA ARTESIA, NEW	MEXICON	- 國際商品 與一帶就一定了 之前。 多數收到了一篇時間,一下了
		U. S. BESIA, NEW		
		AKICO		
18. I hereby certify that the foreg	<u> </u>	1		
SIGNED Harry	Liknow	TLE _Explorati	on Manager	DATE 12-19-67
(This space for Federal or Sta	ate office use)			
		M T		
CONDITIONS OF APPROVAL		TLB		Hada Calve L
DO 51/	***			and Con by a Con by a Con by a Con by a Con brail, con condition and Con brail and Con and Con Con and Con and Con and Con and Con Con
Al C. 2 Kint		_	A . 1	Line drift Die d
A - HE- ANTER	*See In	nstructions on Reve	rse Side	
R. L. DIET				
A PATINA				

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