Form 9-331 (May 1963)	DEPARTI	UNITED STAT	INTERIO	C. SCAPT IN Other instr OR verse side)	TRIPLICAT	re-	Rudget Turesu		
GEC_JGICAL SURVEY						NM-14124 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.)									
							7. UNIT AGREEMENT NAME		
WELL X WELL OTHER						8. 1	S. FARM OR LEASE NAME		
2. NAME OF OPERATOR Hanson Oil Corporation							Gulf Federal		
3. ADDRESS OF OPERATOR							9. WELL NO.		
P.O. Box 1515, Roswell, New Mexico 88201							10. FIELD AND POOL, OR WILDCAT		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface							S.W. Sulphate Delware		
						1	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
330' from West Line and 1980' from South Line							Sec. 12, T25-S, R26-E		
14. PERMIT NO.		15. ELEVATIONS (Sho		RT, GR, etc.)		12.	Eddy	New Mexic	
16.	Check A	ppropriate Box To	Indicate N	lature of Notice	, Report, o	or Othe	r Data		
	NOTICE OF INTE			i			REPORT OF:		
TEST WATER SHE	r-OFF	PULL OR ALTER CASING	G	WATER SHI	T-OFF		_ REPAIRING V	WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE 1	TREATMENT		ALTERING C	<u> </u>	
SHOOT OR ACIDIZE		ABANDON*	X		on acidizing		ABANDONME	NT*	
REPAIR WELL		CHANGE PLANS	^	(Other)	E: Report re	sults of 1	nultiple completion Report and Log fo	on Well-	
(Other) 17. DESCRIBE PROPOSED proposed work, nent to this worl	If well is direct	PERATIONS (Clearly stationally drilled, give su	te all pertinent absurface local		muntinum t d	lutoe incl	uding estimated dat	te of starting and	
				nico autom on	the abo	NO 63	ntioned well		
	s proposed ollows:	to change the	e casing	program on	tue and	ove ca	peronea wer		
0rig	inal Progr	am				v Prog	. ••		
8 5/8" at 120' with 150 sx.					•		0' with 150	• • •	
4 1/			5 1/2"	at 21	00' with 450)sx.			
						R	ECEIVE	D	
						F	EB 22 1977		
				•			EOLÓGICAL SURV		
·						ARTE	SIA, NEW MEXIC	/EY	
							incvio	U	
					•				
18. I hereby certify to	ay Will	is true and correct	TIFLE Vi	ce Pres. Pr	oductio	n	DATE 2-18	-77	
(This space for l	rederal or State	office usey	40	TING DISTRIC	T FNGINS	FFR	FEB	2 5 1977	
APPROVED BY CONDITIONS	APPROVAL, II	ANY:	TITLE AC	ING DISTRIC	1 Plante	m 49 T T	DATE TEB		