Form 3160-5
(November 1983)
(Formerly 9-331)

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

(Other instructions on reverse side)

Budget Bureau No. 42-R1424.

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.)

RECEIVED BY
OCT 21 1985
O. C. D.
ARTESIA, OFFICE

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Hamon Operating Company ✔ (Bill Cozart) (915-682-5218)

3. ADDRESS OF OPERATOR
611 Petroleum Building, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
2310' FNL & 660' FEL of Section (Unit H) (SE 1/4 NE 1/4)

5. LEASE DESIGNATION AND SERIAL NO.
NM-15302

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gulf Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat – Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 5-25S-29E

14. PERMIT NO.
API No. 3001525312

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2925.5' GR 2944.5' KB

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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Operator Name Change			☒
(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.) *

To change name of Operator from Hamon Oil Company to Hamon Operating Company.

Post ID-2
10-25-85
Chg Op. Name

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

SIGNED (B. W. Cozart) TITLE Drilling Foreman DATE 10/17/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OCT 21 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO