

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP. ATE*
(Other instructions on re-
verse side)

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

CLSF

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"/>	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	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 2310' FSL & 950' FWL, Unit L, NW $\frac{1}{4}$ SW $\frac{1}{4}$	8. FARM OR LEASE NAME HANSON FEDERAL
14. PERMIT NO.	9. WELL NO. 17
15. ELEVATIONS (Show whether F, RT, GR, etc.) 3119' GR	10. FIELD AND POOL, OR WILDCAT NORTH MASON - DELAWARE
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T.26S, R.31E
	12. COUNTY OR PARISH EDDY
	13. STATE NEW MEXICO

DEC 23 1985
BUREAU OF LAND MANAGEMENT
ALBUQUERQUE, 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 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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Casing Test & Cement Job <input checked="" 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.)*

TD 7000'. Ran & cemented 179 jts 5-1/2" - 17# J-55, LT&C casing. Set @ 7000' KB.
Ran DV tool @ 5935'. 1st stage cement as follows: 1000 gals flo ck 21; 250 sxs
50/50 POZ class "C" w/3# salt; .5/10 CFR3. 100% return thru out job. Plugged down
@ 12:00 AM 12/17/85. Press to 1000# - held OK. 2nd stage cement as follows:
1000 gals flo ck 21; lead-215 sxs Haliburton Lite; 1/4# flo cele; tail end/470 sxs
50/50 POZ class "C" w/3# salt; .5/10 CFR3. 100% return thru out job. 2nd plug down
@ 7:30 PM 12/17/85. Press to 1000# - held OK.

RECORDED FOR RECORD

DEC 19 1985

CARRISAD NEW MEXICO

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

SIGNED Gaye Bixwell TITLE PRODUCTION ANALYST DATE 12/18/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side