

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985

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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"/>		RECEIVED BY MAY 29 1986 O. C. D. INDONESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. IC-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 Sec.25,T.26S,R.31E Unit L 2310' FSL & 950' FWL			8. FARM OR LEASE NAME HANSON FEDERAL, BATT. 2
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3119' GR	9. WELL NO. 17
			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

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) <input type="checkbox"/>	
(Other) Squeeze & Re-perf <input checked="" 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.)*

Attempt to squeeze existing perforations 5656-5672' (Cherry Canyon).
Attempt to squeeze perfs there to shut off excessive water and re-perforate f/5650-5656'. Swab and test new perforations.

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

SIGNED Brenda R. Godfrey TITLE Production Analyst DATE 05/13/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 5 27 86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side