

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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

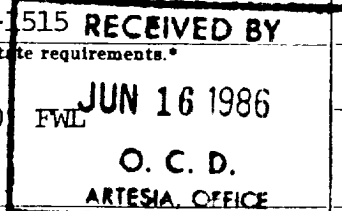
LEASE DESIGNATION AND SERIAL NO.

LC-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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME N/A
2. NAME OF OPERATOR HANSON OPERATING COMPANY, INC. ✓	8. FARM OR LEASE NAME HANSON FEDERAL, BATT. 2
3. ADDRESS OF OPERATOR P. O. BOX #1515, ROSWELL, NEW MEXICO 88202-1515	9. WELL NO. 17
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	10. FIELD AND POOL, OR WILDCAT North Mason (Delaware)
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, Etc.) 3119' GR
16. COUNTY OR PARISH Eddy	18. STATE New Mexico



16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Squeeze & re-perf.</u>	

(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.)*

Squeezed perforation (5656-5672') with 1,000 gal flocheck, followed with 200 sx Class "H" cement and 100 sx Class "H" with 3# salt, followed with 100 sx Class "H" neat cement. Squeeze pressure to 3,000#.
Hydro-jet new perforations with 6 holes in interval (5650-5656').
Acidized with 1,000 gal of 10% NE acid.
Put well back on production.

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

SIGNED Brenda R. Godfrey TITLE Production Analyst DATE 05/29/86

(This space for Federal or State office use)

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

RECEIVED FOR RECORD
PP

*See Instructions on Reverse Side

JUN 11 1986