

Form approved
November 1984
Form only 10-331

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
reverse side)

FE
FE

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

255

5. LEASE DESIGNATION AND SERIAL NO

LC-068282-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Hanson Federal Batt. 2

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

1. OIL ☒ GAS ☐
WELL ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Hanson Operating Company, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 1515, Roswell, New Mexico 88202-1515

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

14. PERMIT NO

30-015-25444

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3119' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

(Other) RECOMPLETE ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

It is proposed to recomplete as follows:

1. Set CIBP @5600'.
2. Perf Upper Delaware in the following interval (4120-4140') 20 holes.
3. Acidize w/1500 gal 7½% HCL.
4. Frace w/8000 gal gelled diesel w/8000# 20/40 sd.

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

SIGNED

TITLE Production Analyst

DATE 10-28-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

11/4/91

*See Instructions on Reverse Side