

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

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

clsr

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 ☐ GAS 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, NW $\frac{1}{4}$ SW $\frac{1}{4}$

14. PERMIT NO.
30-015-25444

15. ELEVATIONS (Show whether DP, RT, OR, etc.)
3119' GR

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., S., 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:

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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANT	<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)	<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.)

Received verbal approval from Sahnnon Shaw on 02-19-92 to P & A in the following manner:

- 1). Set CIBP @4050'
- 2). RIH w/tbg & circ well bore w/9# mud ladden fluid.
- 3). Set a 50' 5 sx Class C Cem plug on top of CIBP @4050'.
- 4). Attempt to free point csg, shoot off @free point & recover 5 $\frac{1}{2}$ " csg.
- 5). RIH w/tbg & spot a 100' 25 sx Class C cem plug 50' in & 50' out @the cut off stub.
- 6). RIH & perf @8-5/8" csg @1030'.
- 7). Spot a 200' 50 sx Class C cem plug 150' out of 8-5/8" csg & 13-3/8" annulus & 50' inside 8-5/8" csg & tag plug.
- 8). RIH to 50' & spot a 15 sx Class C cem plug to surface. If 5 $\frac{1}{2}$ " csg is not pulled plug well as follows:

- 1). Steps 1-3 will stay the same.
- 2). Perf thru 5 $\frac{1}{2}$ " csg & 8-5/8" csg @1030'.
- 3). RIH w/tbg & spot a 200' 50 sx Class C cem plug 150' outside perf & 50' inside 5 $\frac{1}{2}$ " csg & tag plug.
- 4). RIH to 50' & spot a 15 sx Class C cem plug to surface.

Install dry hole marker & clean location.

All cem plugs will be Class C cem w/2% CaCl₂ mixed @14.8#/gal.

Will notify BLM 24 hrs in advance of plugging.

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

SIGNED Lisa T. Jennings

TITLE Production Analyst

DATE 02-19-92

(This space for Federal or State office use)

APPROVED BY David P. Glass

TITLE

DATE 3-16-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side