

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 2833

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Grevey

9. WELL NO.

1 R

10. FIELD AND POOL, OR WILDCAT
East
Puerto Chiquito Mancos

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

S 26 T26 N R1 E

12. COUNTY OR PARISH 13. STATE

Rio Arriba N Mex

1. OIL ☐ GAS ☒
WELL WELL OTHER

2. NAME OF OPERATOR

HAN - SAN INC

3. ADDRESS OF OPERATOR

1112 South Copper Deming New Mexico 88030

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660 FWL 710 FSL S 26 T26 N R1 E

14. PERMIT NO.

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

7345 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

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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.)*

Spudded well 6/12/82 Set 90 Ft 8 5/8 23 # Casing in 12 1/4 hole
Circ. cement for 90 Ft. T.D 1800 Set 1650 Ft 5 1/2 23# casing and
cemented 141 sks . 500 ft on bottom and 700 ft top.

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

SIGNED

TITLE Pres

DATE July 6 1982

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

BY

FARMING

smh

JUL 3 1982