

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

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  
HAN-SAN, INC., P.O. Box 349, Deming, N.M. 88001  
3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
2105' FSL 820' FWL Sec. 26 T26N R1E  
710/5 660/W

11. PERMIT NO. 710/5 660/W  
15. ELEVATIONS (Show whether DF, RT, etc.)  
7,345' GR OIL CON. DIV

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

NOTICE OF INTENTION TO:  
TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
CHANGE PLANS ☐  
SUBSEQUENT REPORT OF:  
WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐  
(Other) ☐  
(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 our INTENTIONS TO CONDITION THE well TO a use Full Function. Due To The Low Oil prices we have been UNable To complete The Necessary work.

IT is our intentions To ~~remove~~ <sup>drill</sup> a bridge plug Set at 1635' & then drill or mill a 4" 18' Piece of Casing, located at The bottom of This hole.

IT is our intentions To START ON This during The Summer MONTHS.

THIS APPROVAL EXPIRES OCT 01 1989

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

SIGNED Beth Charles TITLE Sec.

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side

APPROVED DATE Dec. 2, 1988

DECEMBER 1988

AREA MANAGER  
FARMINGTON RESOURCE AREA