Submit 1 Copy To Appropriate District	State of New Mex	ico		Form C-103
Office <u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources			l August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-005-62543	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE STATE FE	E 🔲
<u>District IV</u> - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No	
1220 S. St. Francis Dr., Santa Fe, NM 87505			L-6278	
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" (FORM C-101) FOR SUCH			7. Lease Name or Unit Agreement Name Hanlad B State	
PROPOSALS.) 1. Type of Well: Oil Well 🖾 Gas Well 🗌 Other			8. Well Number #2	
2. Name of Operator			9. OGRID Number	
Hanson Operating Company, Inc.			9974 10. Pool name or Wildcat	
3. Address of Operator P O Box 1515, Roswell, NM 88202-1515			10. Pool name or Wildcat Diablo San Andres	
4. Well Location				
	<u>330</u> feet from the <u>North</u>	line and	330 feet from the E	ast line
	<u></u>		<u>East</u> Identifient the <u>E</u>	
Section 28	11. Elevation (Show whether DR,			County
	3844' GR			
12. Check A	ppropriate Box to Indicate Na	ture of Notice,	Report or Other Data	
				.
		REMEDIAL WOR		
PERFORM REMEDIAL WORK		COMMENCE DR		
PULL OR ALTER CASING		CASING/CEMEN		
_	_		. .	_
OTHER:			e Co-mingle CTB-637	$\underline{\boxtimes}$
	leted operations. (Clearly state all per rk). SEE RULE 19.15.7.14 NMAC.			
	-			
5/2/2012: Transfer 129 BO from Ha anks and gunbarrel from location.	nlad B State Battery Tank #10632 to	Hanlad State Bat	ttery #1 Tank #10590. Clean o	ut and remove
5/3/2012: Run flowline to Hanlad S	tate #1 Battery.			-
C/C/0010 MT-11 alored calling The design in Trailed Case #1 The des			RECEIVED	
5/5/2012: Well placed online. Producing in Hanlad State #1 Battery.			DEC 1 3 2012	
				ļ
			NMOCD ARTESIA	
				J
	D:- D-1 D-4			
Spud Date:	Rig Release Dat	e.		· ·
<u></u>				
hereby certify that the information	above is true and complete to the best	at of my knowledge	re and belief	· · · · ·
nereby certify that the information	above is true and complete to the des	st of my knowledg		
SIGNATURE CALOL .	Smith TITLE Produ	ction Analyst	DATE <u>11/1</u> 5	5/2012
	-1			
Type or print name <u>Carol J. Smith</u>	E-mail address:	hanson@dfn.c	om PHONE: <u>575</u>	5-622-7330
For State Use Only		1 1-		1
APPROVED BY:	TITLE DET	last	DATE 12	14/2017-
Conditions of Approval (if any):				1-0-0
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