

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department.

Form C-103
Revised 1-1-89

clsr
Op

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-02101

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No. B647

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 PROPOSALS.)

7. Lease Name or Unit Agreement Name
Twin Lakes

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 9

2. Name of Operator
Hanson Energy

3. Address of Operator
R-342 S, Haldeman Rd. Artesia, NM 88210

9. Pool name or Wildcat
Artesia O-G-SA

4. Well Location
Unit Letter N : 330 Feet From The S Line and 2240 Feet From The W. Line
Section 28 Township 18 Range 28 NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3559 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| | |
|--|---|
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input checked="" type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: <input type="checkbox"/> |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Had power turned on and Motor was bad. Had motor repaired
Well pumped up OK. Repaired flow lines and Well is producing
to tank. 2-18-95 *DB*

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Dalton Bell* TITLE Agent DATE 2-24-98

TYPE OR PRINT NAME Dalton Bell TELEPHONE NO. 748-2134

1998 FEB
RECEIVED
OCD - ARTESIA

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE FEB 27 1998

CONDITIONS OF APPROVAL, IF ANY: