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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. O.C.D.
ARTESIA, OFFICE

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

330' FSL & 2310' FEL

14. PERMIT NO.

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

3145' GR

3. 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

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Brushy Canyon Wildcat

11. SEC., T., R., 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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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.)

Perf w/1 JSPF f/6300' - 6307' (8 shots), 6312' - 6322' (11 shots) & 6330' - 6338' (9 shots). Set RBP @ 6431'. Acidize w/2,000 gals 15% NEFE. Frac w/42,900 gals gelled wtr, 33,700# 20/40 sand & 39,200# 12/20 sand. Avg rate 26 BPM, avg psi 3850#, SIP 350#, 5 min - 320#, 10 min - 300#. Set CIBP @ 6420'. Put well on pump.

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

SIGNED Brenda R. Witt

TITLE Production Analyst

DATE 02/06/85

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY

FEB 8 1985

*See Instructions on Reverse Side