

**UNITED STATES DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

5. 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  
**North Mason Delaware**

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA  
**Sec. 25, T. 26S, R. 31E**

12. COUNTY OR PARISH  
**Eddy**

13. STATE  
**New Mexico**

**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.)

**RECEIVED BY**  
**APR 12 1985**  
**O. C. D.**  
**ARTESIA OFFICE**

1.  OIL WELL  GAS WELL  OTHER

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**

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

**NOTICE OF INTENTION TO:**

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

**SUBSEQUENT REPORT OF:**

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)\*

Set retainer @ 5795'. Squeezed 134 sx cement into perfs @ 5836-41' & 5856-66'. Squeezed of 2500#. Drilled retainer & cem to 5875'. Press up on csg to 600# for 15 min. Perf f/5696-5718' - 1 JSPF. Acidized w/2,000 gal 15% NE Acid.

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

SIGNED *Burda G. Witt* TITLE Production Analyst DATE 03/22/85

(This space for Federal or State office use)

APPROVED BY **ACCEPTED FOR RECORD** TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: *See 2*

**APR 2 1985**

\*See Instructions on Reverse Side

**CARLSBAD, NEW MEXICO**