

Submit 3 Copies To Appropriate District
Office
District I
1625 N French Dr, Hobbs, NM 88240
District II
1301 W Grand Ave, Artesia, NM 88210
District III
1000 Rio Brazos Rd, Aztec, NM 87410
District IV
1220 S St Francis Dr, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505



WELL API NO. 30-005-62943
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Puffer BDF State Com
8. Well Number #2
9. OGRID Number 009974
10. Pool name or Wildcat Palma Mesa Wolfcamp

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)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
Hanson Operating Company, Inc.

JAN 23 2008
OCD-ARTESIA

3. Address of Operator
P. O. Box 1515, Roswell, NM 88202-1515

4. Well Location

Unit Letter L : 1980 feet from the South line and 1250 feet from the West line
Section 24 Township 8 South Range 27 East NMPM Chaves County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3959' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Recompletion ☒

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7/31/2007: MIRU. ND wellhead. NU BOP. POOH with tubing and packer. Set acid, KCL and water tanks.
8/01/2007: RU wireline. Set CIBP at 6300' with 35' cement cap. Perforate Cisco Limestone formation at 6184'-6236' with 39 holes, Lower Wolfcamp formation at 5778'-5998' with 39 holes and Upper Wolfcamp formation at 5604'-5700' with 75 holes. SI.
8/02/2007: RIH with tubing and packer to 6085'. Replace BOP. SI.
8/04/2007: Acidize Cisco Limestone formation with 7,000 gallons 20% acid. Flow down and evaluate. TIH and set RBP at 6085' and packer at 5727'. Acidize Lower Wolfcamp formation with 5,000 gallons 20% acid.
8/05/2007: Flow down. Set packer at 5400'. Acidize Wolfcamp formation with 8,000 gallons 20% acid. Flow down and evaluate. TOH with tools. TIH with tubing. Set production packer at 5542'. ND BOP. NU wellhead. Swab test and evaluate.
8/07/2007: RD pulling unit. SI.
9/06/2007: MIRU. ND wellhead. NU BOP. TOH with tubing.
9/07/2007: Set RBP at 5750' and packer at 5500'. Acidize Upper Wolfcamp formation with 5,000 gallons 20% acid. Swab test and evaluate.
9/10/2007: Set CIBP at 5270' with 35' cement cap. Perforate Upper Abo Sandstone formation at 4986'-4994' with 16 holes. TIH with tubing and set production packer at 4924'. ND BOP. NU wellhead. SI.
9/11/2007: Acidize with 1,500 gallons 7.5% acid. Swab test and evaluate.
9/12/2007: RD pulling unit. SI. Waiting on approval to plug and abandon.

Approval to P/A
on 1-24-08
/s/

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

ACCEPTED FOR RECORD

SIGNATURE Carol J. Smith TITLE Production Analyst DATE 01/18/2008
Type or print name Carol J. Smith E-mail address: hanson@nrm.state.nm.us Telephone No. 505-622-7330

For State Use Only

APPROVED BY: _____ TITLE Gerry Guye, Deputy Field Inspector DATE _____
Conditions of Approval (if any): _____
NMOCD-District II ARTESIA