

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN DUPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R142;  
5. LEASE DESIGNATION AND SERIAL NO.

N.M. 024759-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Honolulu Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 15 - 14S - 28E

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

## 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.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Ernest A. Hanson ✓

3. ADDRESS OF OPERATOR

P. O. Box 1515, Roswell, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

660' FNL &amp; 1980' FWL

Sec. 15, T-14-S, R-28-E, N.M.P.M.

Chaves County, New Mexico

14. PERMIT NO.

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

3571' GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Gas Test

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.)\*

Gas Temp. 68° F. Choke 3/4" Sp. Gty. 0.736 Inches Merc. 35"

$$360 \times 0.9924 \times 0.9035 = 322.788 \text{ MCFGPD}$$

	Mol. %
Nitrogen	24.46
Methane	65.82
Ethane	5.60
Propane	2.37
Iso-Butane	.30
nor-Butane	.75
iso-Pentane	.20
nor-Pentane	.21
Hexanes	.16
Heptanes Plus	.13

Propane + Calc. GPM 1.255

B.T.U. 876

H<sub>2</sub>S + CO<sub>2</sub> NegativeH<sub>2</sub>S grains/100 CF Negative

\*Gas quantity run as 16 hour test. See accompanying chart of test.

Shut-In Gas Well

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

SIGNED

TITLE

Exploration Manager

DATE

12-27-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side