DISTRIBUTION	_		Form C-103
SANTA FE	NEW MENIOD ON CONSTRUCTION		Supersedes Old C-102 and C-103
FILE /_	NEW MEXICO OIL CON	SERVATION COMMISSION	Effective 1-1-65
U.s.G.S.			
LAND OFFICE			5a. Indicate Type of Lease
OPERATOR //	_		State X Fee
7			5. State Oil & Gas Lease No. E-9241-4
SUNI	DRY NOTICES AND REPORTS ON	WELLS	
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.)			
OIL X GAS WELL X	OTHER.		7. Unit Agreement Name
2. Name of Operator			8. Form or Lease Name
Ernest A. Hanson			Levick A State
Q. Address of Operator P. O. Box 1515, Roswell, New Mexico			9. Well No.
4. Location of Well			2 10. Field and Pool, or Wildest
UNIT LETTER C . 330 FEET FROM THE North LINE AND 2310 FEET FROM			
THE WEST LINE, SECTION 21 TOWNSHIP 11-S RANGE 27-E NMPM.			PM. (())
	15. Elevation (Show whether	DF, RT, GR, etc.)	12, County
	3716' KB	···	Chaves
Check	Appropriate Box To Indicate N		
NOTICE OF	THE PROPERTY OF	SUBSEQUE	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		other <u>Plugging back</u>	X
OTHER			
17. Describe Proposed or Completed	Operations (Clearly state all pertinent deta	ils, and give pertinent dates, includ	ling estimated date of starting any proposed
,			, and any proposed
Total Depth: 19			
Plug Back Total	Depth: 950' g: 7" csg. @ 976' w/150 s		
Froduction castn	g: 7" csg. @ 970, w/150 s	sx. emt. eire. to surf	•
10-19-65 In pla	agging back, emt. plugs we	ere circulated to spot	in heavy drilling mud
with 2	2-3/8" tbg. over the follo	wing intervals:	_
	40 sx. ⊗ 1703-1920! (tota]	denth)	
20 sx. 5 1182-1282 (San Andres @ 1236)			
	20 sx. 3 950-1058!		
	2		
WOC 48	B nours. Tested casing @ eded with well completion.	600 lbs. for 30 mins.	w/no "leak-off".
110000	saed with well completion.		
		R	ECEIVED
			NOV 1 1 1965
18. I hereby certify that the informatio	n above is true and complete to the best of	my knowledge and belief.	O. C. C.
Chan -	19	2	
SIGNED MED W.	Howary TITLE C	perator	DATE NOV. 10, 1965
1 1	/		
APPROVED BY W. A. Sign	ssett TITLE	AND GAS INSPECTOR	NC 1 1 1965

CONDITIONS OF APPROVAL, IF ANY: