

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-005-61076
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Twin Lakes San Andres Unit
Well No. 96
Pool name or Wildcat Twin Lakes San Andres (Assoc.)

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.)

Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Name of Operator Hanagan Petroleum Corporation	Well No. 96
Address of Operator P.O. Box 1737 Roswell, N.M. 88202	Pool name or Wildcat Twin Lakes San Andres (Assoc.)	
Well Location Unit Letter D 330 Feet From The North Line and 330 Feet From The West Line Section 8 Township 9S Range 29E NMPM Chaves County		
Elevation (Show whether DF, RKB, RT, GR, etc.)		

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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

Notify OCD 24 Hrs. before moving in

1. Run in hole to top of fish @ 1508 spot 100 sx.cmt woc & tag
2. POH w/4 1/2 casing from 1472
3. spot 60 sx cmt from 180 to surface
4. cut off well head install dry hole marker

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Wayne Brooks*

TITLE agent

DATE 10-06-99

TYPE OR PRINT NAME Wayne Brooks

TELEPHONE NO. 915-6848890

(This space for State Use)

APPROVED BY *med*

TITLE *Sup II*

DATE 08.17.99

CONDITIONS OF APPROVAL, IF ANY: