

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-005-61116

Indicate Type of Lease

STATE

FEE ☒

State Oil & Gas Lease No.

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 ☒

GAS
WELL ☐

OTHER ☐

Lease Name or Unit Agreement Name

Twin Lakes San Andres Unit

Name of Operator
Hanagan Petroleum Corporation

Well No.

104

Address of Operator
P.O. Box 1737 Roswell, N.M. 88202

Pool name or Wildcat

Twin Lakes San Andres (Assoc.)

Well Location

Unit Letter E : 1650 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.)

11

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.

1. 10-20-99 Set CIBP @2550' cap w/ 35' cmt.
2. 10-20-99 circulate well w/ 9.8# mud laden fluid
3. 10-20-99 cut & pull 4 1/2 casing from 1778'
4. 10-21-99 circulate well w/ mud laden fluid spot 50sx. class "C" neat cmt from 2015' WOC 4hrs. tagged plug @1705'
5. 10-21-99 circulate cmt. from 192' to surface w/ 80sx. class "C" neat cmt.
6. 10-21-99 cut off well head install dry hole marker

Post ID-2
12-17-99
P&A

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

SIGNATURE

Roger Brooks

TITLE cementor

DATE 10-21-99

TYPE OR PRINT NAME Roger Brooks

TELEPHONE NO. 915-6848890

(This space for State Use)

APPROVED BY

[Signature]

TITLE

Field Rep

DATE

2/8/2000

CONDITIONS OF APPROVAL, IF ANY