

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. 30-005-61363
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. 84
Pool name or Wildcat Twin Lakes San Andres ( Assoc. )

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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	
Address of Operator P.O. Box 1737 Roswell, N.M. 88202	
Well Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>9S</u> Range <u>28E</u> NMPM <u>Chaves</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3952 DF	

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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: ☐

<sup>12</sup>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 NMOCD - Artesia, 24 hrs. prior to commencement of procedure

1. Set CIBP @ 2500 cap w/ 35' cmt. ( Top perf 2580 - 2607 )
2. RIH circulate well w/ 9.8# mud
3. cut & pull 4 1/2 @ 2000'
4. RIH spot 100' plug 50' in 50' out cut woc tag
5. spot 160' cmt from 160 to surface
6. cut off well head set dry hole marker & clean location

\* If 4 1/2" casing cut above zero.  
25' or more plug 1983 1883 Required

\* Notify NMOCD to witness plugging operations.

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 07-06-99  
TYPE OR PRINT NAME Wayne Brooks TELEPHONE NO. 915 -6848890

(This space for State Use)

APPROVED BY Michael Stillfield TITLE Field Rep II DATE 9/30/99  
CONDITIONS OF APPROVAL, IF ANY:

