State of New Mexico Er. J, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

cist

2040 Pacheco St.							WELL API NO.		_/ //	r.1	
DISTRICT II	anta Fe, N		505				-6142	9			
P.O. Drawer DD, Artesia, NM 8821	0						sIndicate Type o	t Lease	OTA TE	FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8	7410						∘State Oil & Gas	s Lease No	STATE	FEE	
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.)							7Lease Name or Unit Agreement Name - Twin Lakes San Andres Unit				
Type of Well: OIL GAS WELL WELL OTHER											
² Name of Operator Hanagan Petroleum Corporation							eVVell No.				
»Address of Operator P.O. Box 1737 Roswell, N.M. 88202							Pool name or Wildcat Twin Lakes San Andres (Assoc.)				
4Well Location							I Will Lakes	Can 7	idica (Ma	300. <i>j</i>	
Unit LetterC :	330 Feet	From The	North		Line and	1650	Feet From	The	West	Line	
Section	18	Townsh p	98	R	tange	29E	NMPM	С	haves	County	
		10 Elevation 3962GI	•	ther DF, F	RKB, RT, GR, etc.)						
¹¹ Cł	neck Appro	priate Box	to Indica	ate Na	ture of Notic	ce, Rep	ort, or Oth	er Data	_ 		
						SEQUENT			:		
PERFORM REMEDIAL WORK		PLUG AND A	BANDON	X	REMEDIAL WOF	RK		A	LTERING CA	SING	
TEMPORARILY ABANDON		CHANGE PLA	ANS		COMMENCE DR	ILLING OF	PNS.	PL	.UG AND ANI	BANDONMEN	IT 🗍
PULL OR ALTER CASING					CASING TEST AND CEMENT JOB						
OTHER:					OTHER:						
1 12Describe 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 8-14-93 CTBP Sct 3631 W/35 Cmt. CAP 1. Set CIBP @ 2620 cap w/35' cmt. (Top perf 2731 - 2747) 2. RIH circlate well w/ 9.8# mud 3. spot 100' plug @ 1750 (top salt) 2516 Cmc 1 Plug 2 2125. 4. cut & pull 4 1/2 @400 Top @ 430 280 5. spot 100' plug 50' in & out 104 6. spot 160' cmt from 160 to surface 7. cut off well head set dry hole marker & clean location											
Thereby certify that the information above is true and complete to the best of my knowledge and belief.											
SIGNATURE Wayne	brook	7		тіт	LE agent				DATE 07-0)6-99	
TYPE OR PRINT NAME Wayne E			 					TEL	EPHONE NO.	915 -68488	390
(This space for State Use)											

TITLE FIELD Rep. II DATE 9/30/99.

APPROVED BY Mire Stillefield CONDITIONS OF APPROVAL, IF ANY: