P.O. Box 1980, Hobbs, NM 11240			WELL API NO.		-015 N
P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 Santa Fe, New Mexico 87504-2088				30-005-617	710 W
DISTRICT III			5. Indicate Type of	STATE X	FEE []
1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Ga		
SUNDRY NOTICES AND REPORTS ON	IWEI	1 C	LG-04	42 ////////////////////////////////////	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DE DIFFERENT RESERVOIR. USE "APPLICATION FO (FORM C-101) FOR SUCH PROPOSALS.	EPEN OR PER	OR PLUG BACK TO A	7. Lease Name or	Unit Agreement Name	<i> </i>
1. Type of Well:	 				
OIL OAS WELL XX OTHER 2. Name of Operator				o State	
Hanson Operating Company	y, I	nc.	& Well No.	1	
3. Address of Operator			9. Pool same or V		
P.O. Box 1515, Roswell,	NM	88202-1515	Palm:	a Mesa	
Unit Letter <u>G: 1980</u> Feet From The North		Line and198	O Feet From	The East	Line
Section 23 Township 8S	Ran		NMPM	Chaves	County
		OF, RKB, RT, GR, ac.)			
	929			Millimin	
11. Check Appropriate Box to Indic NOTICE OF INTENTION TO:	cale in		•		
NOTICE OF INTENTION TO.	$_{\Box}$	SUB	SEQUENT R	EPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	\cup $ $	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	ONMENT [
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER: Temporaily Abandon		OTHER:		<u> </u>	[
12. Describe Proposed or Completed Operations (Clearly state all pertinent detwork) SEE RULE 1103.	lails, ena	d give pertinent dates, includ	ling estimated date of	starting any proposed	
As of February 9, 1998 gas was shu	ıt o	ff on the abo	ove well.		
CIBP was set at 6250' with 20' of	ceme	ent on top.	-	JARAG KA	
Hanson Operating Company has tempo	rai:	ly abandoned	this well		
* MIT required on wellbore.				*	
min rest pressure 300 # for 30 min.				800 The	
Chart recorder required			ig Och Zaranne	ECEIVED S	
				TESIA	: ! /
Notifie O.C.D. to witness M.I.T. Test.			3,	107/	•
			્રૅંદ	(Sinoreg	
I DETROY CETALLY THAT THE INJORDATION MODES IN TAKE AND COMMINED TO THE DESIGN OF MY TROWNED	dge and b	edi ef .			
I hereby certify that the information above is true and complete to the best of my knowled	dge sod b		n Analvst	6-27-	-00
SIGNATURE STORY THAT THE INFORMATION BOOK IS THE EDG COMPICE TO THE BOOK OF THE EDG COMPICE.	dge sod b	Productio		DAID	-00
Between	dge sod b		n Analyst 505-622-		-00
SIONATURE Sitry pur	dge sod b			7330	-00
TYPE OR PRINT NAME Betsy Speer	mu		505-622-	7330 TELEPHONE NO.	-00 ruou

CONDITIONS OF APPROVAL, IP ANY: