

Submit 3 Copies To Appropriate District		دا ۶		
Submit 3 Copies To Appropriate District	l exico	Form C-103		
Office A Energy, Minerals and Na	tural Resources	Revised March 25, 1999		
1625 N Erench Dr. Hobby SM 88240 St Q MI 2 Q		WELL API NO.		
		30-005-61710		
Bill South First, Artesia, Nor88210 RECEIVEOIL CONSERVATION DIVISION District III 1000 Rio Brazos Rd., Aztec, NM 87 OCD - ARTESIA 1220 South St. Francis Dr. ASanta Fe, NM 87505		5. Indicate Type of Lease		
00 Rio Brazos Rd., Azteci NM 874060 - ARTCON 12000 South St. Francis Dr.		STATE 🗹 FEE		
		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe AM 87505		LG-0442		
SUNDRY NOT FOR SHOREPORTS ON WELL	LS	7. Lease Name or Unit Agreement Name:		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		Amoco State		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Amoco State		
1. Type of Well:				
Oil Well 🔲 Gas Well 🔽 Other				
2. Name of Operator		8. Well No.		
Hanson Operating Company, Inc. /		#1		
3. Address of Operator P. O. Box 1515, Roswell, New Mexico 88202-1515		9. Pool name or Wildcat Palma Mesa		
4. Well Location				
Unit LetterG : 1980 feet from the North line and 1980 feet from the East line				
Section 23 Township 8S	Range 27E	NMPM Chaves County		
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3929' GR				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		SEQUENT REPORT OF:		
	REMEDIAL WOR	K ALTERING CASING		
		ILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST A	ND		
		لتبيع		
OTHER:	OTHER: Finali	zation		

F

12. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

02/22/2002: The location has been cleaned, leveled, ripped, and reclaimed, and is ready for final inspection.

Post Put		
I hereby certify that the information above is true and comp	lete to the best of my knowledge and be	elief.
SIGNATURE Carol J. Darcia	TITLE Production Analyst	DATE_3/11/02
Type or print name Carol J. Garcia		Telephone No. (505) 622-7330
(This space for State use) APPPROVED BY Conditions of approval, if any:	TITLE fuld hep	DATE MAR 14 2002