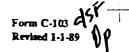
Submit 3 Copies to Appropriate District Office

- State of New Mexico Energy, M. rals and Natural Resources Department



DISTRICT

OIL CONSERVATION DIVISION

Form C-103 457 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	P.O. Box	2088	WELL API NO.
DISTRICT II Santa Fe. New Mexico 87504-2088			30-005-62681
P.O. Drawer DD, Anesia, NM 88210 DISTRICT III			5. Indicate Type of Lesse STATE THE FEE
1000 Rio Brzzos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. LG-7426
(DO NOT USE THIS FORM FOR P	TICES AND REPORTS ON W ROPOSALS TO DRILL OR TO DEEP ERVOIR. USE "APPLICATION FOR	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
	C-101) FOR SUCH PROPOSALS.)	MAR 22 '89	Hanlad "A" State Battery #1
OIL WEIL WEIL	отнея		
2. Name of Operator Hanson Operating C	ompany, Inc. 🗸	ARTESIA, OFFICE	8. Well No. 5
3. Address of Operator	77 77 77 70 70 70 70 70 70 70 70 70 70 7	00 3535	9. Pool name or Wildcat
P. U. BOX 1515, RO 4. Well Location	swell, New Mexico 882	02-1515	Diablo San Andres
Unit Letter H: 16	50 Feet From The North	Line and99	O Feet From The East Line
Section 28	Township 10S		NMPM Chaves County
	10. Elevation (Show when 3819 GR	her DF, RKB, RT, GR, etc.)	
	Appropriate Box to Indica		
NOTICE OF IN	NTENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clearly state all pertinent detail	s, and give pertinent dates, includ	ling estimated date of starting any proposed
sufficient to tes to have United Dr	planned to drill this t the San Andres forma illing, Inc., Rig #4, l then drill with cabl	tion. We have dec drill with a rotar	ided, instead,
			•
			•
			·
I hereby certify that the information above is	true and complete to the best of my knowledge		2007 21 /00
SIGNATURE ASSESSED	a 4. Xvazkey	me Production	Analyst DATE 103/21/89
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)	Original Signed By		MAR 2 2 1989
APPROVED BY	anika Williams	тпт.	DATE STATE
CONDITIONS OF APPROVAL, IF ANY:			