Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

C/SF
DP

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

MAY - 9 '89

O. C. D.
ARTESIA, OFFICE

WELL API NO.
30-005-62685

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
LG-7426

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.)

7. Lease Name or Unit Agreement Name
Hanlad "A" State Battery #1

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Hanson Operating Company, Inc.

8. Well No.
7

3. Address of Operator
P. O. Box 1515, Roswell, New Mexico 88202-1515

9. Pool name or Wildcat
Diablo San Andres

4. Well Location
Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East Line

Section 28 Township 10S Range 27E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3816' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[X]		
OTHER:	[ ]			OTHER:			[ ]

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.

05/04/89 - Ran 5-1/2" 17# LT&C casing, set @ 2090'.
Cemented as follows:
60 BBLS gelled water ahead, followed by 150 sx Pace Setter Lite w/5# salt/sx & 200 sx Premium "C" w/5# salt/sx. Plug dn @ 3:30 p.m.
Press test to 1200 psi. Circ 42 sx to pit. WOC 18 hrs.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Brenda K. Godfrey TITLE Production Analyst DATE 05/08/89

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed By Mike Williams TITLE DATE MAY 15 1989

CONDITIONS OF APPROVAL, IF ANY: