

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

NOV 22 '89

WELL API NO. 30-005-62731
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. V-1272
7. Lease Name or Unit Agreement Name Hanlad "D" State
8. Well No. 1
9. Pool name or Wildcat Wildcat, San Andres

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.)	
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	
2. Name of Operator Hanson Operating Company, Inc.	
3. Address of Operator P. O. Box 1515, Roswell, New Mexico 88202-1515	
4. Well Location Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>31</u> Township <u>10S</u> Range <u>27E</u> NMPM <u>Chaves</u> County	
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3712' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ PULL OR ALTER CASING ☐ OTHER: ☐	SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTERING CASING ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒ CASING TEST AND CEMENT JOB ☐ 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.

11/20/89 - PLUGGED & ABANDONED in the following manner:

Top of San Andres - 1190' - 100' plug, 26 sx Class "C" cem f/1236-1135'.
Top of Queen - 632' - 100' plug, 26 sx Class "C" cem f/ 672- 571'.
8-5/8" csg shoe - 500' - 109' plug, 30 sx Class "C" cem w/4% CaCl f/ 552- 443'.
WOC 2 hrs. RIH w/tbg & tagged plug.
Surface - 10 sx plug.

Plugging witnessed by Gary Williams w/NMOCD.

Post ID-2
1-19-90
PFA

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

SIGNATURE Brenda R. Godfrey TITLE Production Analyst DATE 11/21/89
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Johnny Robinson TITLE GIL AND GAS INSPECTOR DATE 1-24-90
CONDITIONS OF APPROVAL, IF ANY: _____