

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

WELL API NO.	30-015-62736
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	McBride State
8. Well No.	#1
9. Pool name or Wildcat	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3807' GR

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 Co., Inc
3. Address of Operator	P.O. Box 1515, Roswell, NM 88202-1515

4. Well Location	Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line
Section 28	Township 10S Range 27E NMPM Chaves County

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

Hanson Operating Company, Inc. plans to plug & abandon the above well in the following manner:

Perforate 5 1/2" casing at 50', circulate cement to surface.
Plug 1054'-954' with 25 sxs cement and tag.
Set CIP at 2458' with 35 sxs cement.
Plug 4860'-4760' with 25 sxs cement. 25 sxs cement Plug 4860'-4760'.
Plug 5625'-5525' with 10 sxs cement. Min. cement Plug 25 sxs.

*Brine gel between cement Plugs.

Notice N.M.O.C.D. to witness Plugging Operations.

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

SIGNATURE Betsy Speer TITLE Production Analyst DATE 1-19-01
TYPE OR PRINT NAME Betsy Speer TELEPHONE NO. 505-682-7331

(This space for State Use)

APPROVED BY mae S. Wellford TITLE Field Rep. II DATE 2/5/2001
CONDITIONS OF APPROVAL, IF ANY:

המנהל הכללי של המבחנים
מחלקת המבחנים

מחלקת המבחנים

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מחלקת המבחנים