

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.

30-005-62739

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-7426

7. Lease Name or Unit Agreement Name

Hanlad "A" State Battery #2

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Hanson Operating Company, Inc. ✓

8. Well No.

12

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 B : 330 Feet From The North Line and 2224 Feet From The East Line

Section 28 Township 10S Range 27E NMPM Chaves County

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

3814' 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.

Spud @ 9:00 a.m., 11/13/89.

11/22/89 - Ran & cem 501' 8-5/8" 23# ST&C J-55 csg as follows:
Guide shoe & 1 jt 8-5/8" csg (29.17') w/insert float collar,
12 jts 8-5/8" csg (471.73'). Set @ 495'.

Cem as follows:

50 BBLS gelled wtr ahead followed by 200 sx Halliburton Lite
w/10# Gilsonite & 3% CaCl. Tail in w/200 sx Premium "C" w/2%
CaCl. Circ 5 sx cem to pit. Plug dn @ 12:05 a.m., 11/23/89.
WOC until 11/27/89. Bailed hole dry.

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 11/27/89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 28 1989