

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.
30-005-62770
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)

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 H : 2310 Feet From The North Line and 990 Feet From The East Line

Section 28 Township 10-S Range 27-E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3812' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

06/15/90 - Ran & cemented 5½" 14# ST&C J-55 csg. Set @ 2095.97'.
Cemented w/50 BBLS gelled wtr, 200 sx Lite w/¼ flocele & 5# salt/sx
& 175 sx cem w/5# salt/sx. Plug dn @ 6:00 p.m.
Circ 21 sx cem to surface. WOC 18 hours.

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 06/20/90
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT I

APPROVED BY _____ TITLE _____ DATE JUN 26 1990

CONDITIONS OF APPROVAL, IF ANY: