

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89
RECEIVED

OIL CONSERVATION DIVISION

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

JUN 12 '90

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

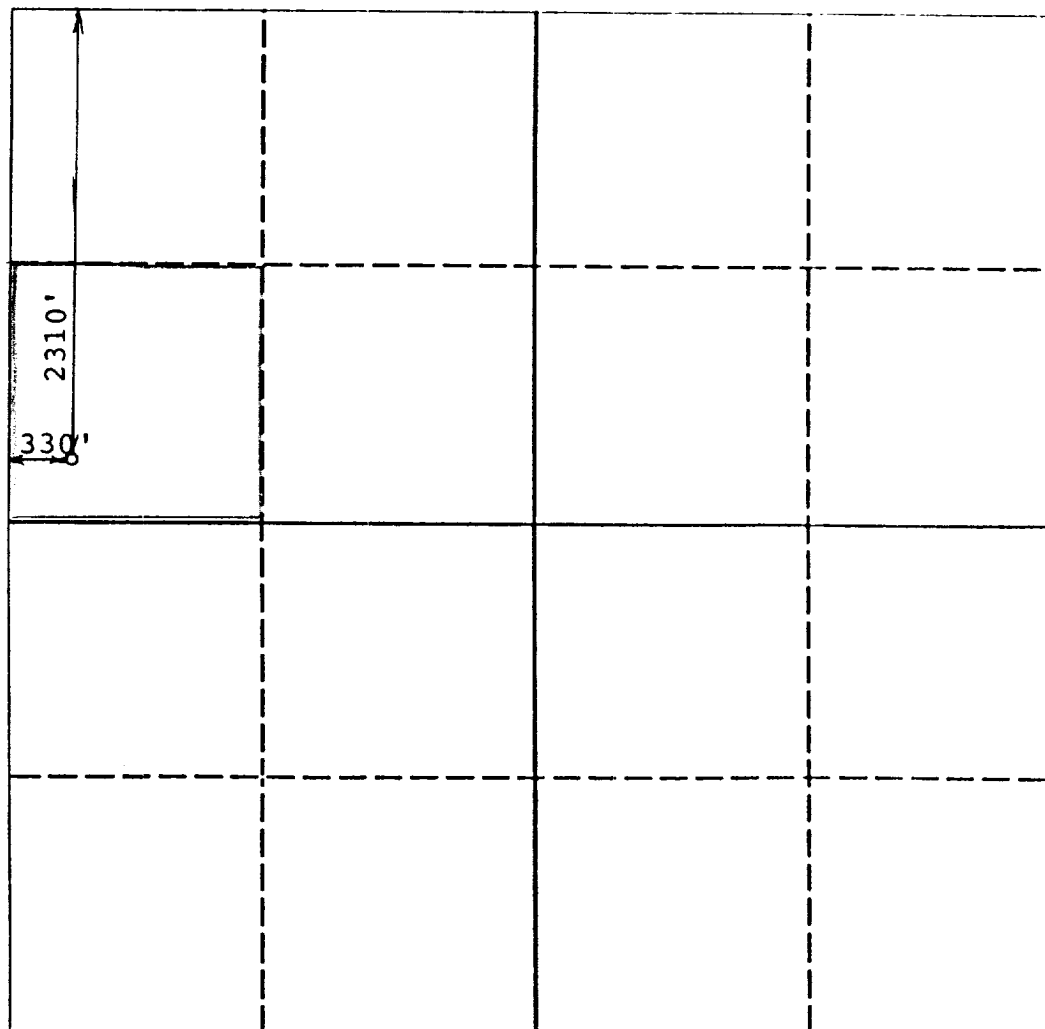
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT
All Distances must be from the outer boundaries of the section

O. C. D.
ARTESIA, OFFICE

Operator Hanson Operating Company			Lease Hanlad State		Well No. 9
Unit Letter E	Section 27	Township 10 South	Range 27 East	County Chaves	NMPM
Actual Footage Location of Well: 2310 feet from the North line and 330 feet from the West line					
Ground level Elev. 3849.5	Producing Formation San Andres		Pool Diablo	Dedicated Acreage: 20 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3600 0

OPERATOR CERTIFICATION

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

Signature
Brenda R. Godfrey
Printed Name
Brenda R. Godfrey
Position
Production Analyst
Company
Hanson Operating Co., Inc.
Date
06/11/90

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
May 31, 1990
Signature & Seal of
Professional Surveyor
P.R. Patton

Certificate No.
8112

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Fee Lease - 5 copies

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

JUN 12 1990

O. C. D.

API NO. (assigned by OCD on New Wells)

30-005-62789

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

LG-7425

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐

SINGLE ZONE ☐ MULTIPLE ZONE ☐

2. Name of Operator

Hanson Operating Company, Inc. ✓

3. Address of Operator

P. O. Box 1515, Roswell, New Mexico 88202-1515

7. Lease Name or Unit Agreement Name

Hanlad State Battery #2

8. Well No.

9

9. Pool name or Wildcat

Diablo San Andres

4. Well Location

Unit Letter E : 2310 Feet From The North Line and 330 Feet From The West Line

Section 27 Township 10S Range 27E NMPM Chaves County

10. Proposed Depth

2150'

11. Formation

San Andres

12. Rotary or C.T.

C.T.

13. Elevations (Show whether DF, RT, GR, etc.)

3849.5' GR

14. Kind & Status Plug. Bond

Statewide

15. Drilling Contractor

N/A

16. Approx. Date Work will start

06/25/90

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	500'	150	Circulate
8"	5-1/2"	15#	2150'	450	Circulate

It is proposed to drill the above-mentioned well with cable tools to a depth sufficient to test the San Andres formation. If commercial production is indicated, pipe would be set. The well will be perforated and stimulated as needed.

Post ID-1
6-22-90

New loc & API

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 12/19/90
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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 06/11/90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE _____ DATE JUN 19 1990

CONDITIONS OF APPROVAL, IF ANY: