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dp

**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. 30-005-62789
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-7425
7. Lease Name or Unit Agreement Name Hanlad State Battery #2
8. Well No. 9
9. Pool name or Wildcat Diablo San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3849.5" 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 E : 2310 Feet From The North Line and 330 Feet From The West Line Section 27 Township 10S Range 27E NMPM Chaves County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
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 checked="" 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.

Spud @ 11:00 a.m., 07/03/90

07/16/90 Ran 12 jts 8-5/8" ST&C 14# csg. Cemented w/ 200 sx Halliburton Lite w/ 10# gilsonite/sx, 1/4# flocele & 3% CaCl<sub>2</sub>. Tail in w/ 200 sx Premium Plus w/ 2% CaCl<sub>2</sub>. Circ 75 sx to surface. WOC 18 hrs.

RECEIVED

JUL 18 '90

G. C. D.  
ARTESIA, OFFICE

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

SIGNATURE Lisa Jennings TITLE Production Analyst DATE 7-17-90  
TYPE OR PRINT NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

JUL 25 1990