

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

RECEIVED

JAN 30 1991

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

**SUNDRY NOTICES AND REPORTS ON WELLS O. C. D.**  
(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 E : 2310 Feet From The North Line and 330 Feet From The West Line  
Section 27 Township 10S Range 27E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3849.5" 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Acid Frac</u> <input checked="" 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.

Acid frac San Andres perf interval 2052-2104' w/12,000 gal gelled MOD-202 w/additives.

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 01/29/91  
TYPE OR PRINT NAME Brenda R. Godfrey TELEPHONE NO. 622-7330

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
APPROVED BY SUPERVISOR, DISTRICT II TITLE \_\_\_\_\_ DATE JAN 31 1991  
CONDITIONS OF APPROVAL, IF ANY: