Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

JAN 16 1992
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

WELL API NO.
30-005-62794

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
L-794

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.)

7. Lease Name or Unit Agreement Name
HANLAD STATE

1. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER Saltwater Disposal

2. Name of Operator
Hanson Operating Company, Inc.

8. Well No.
1

3. Address of Operator
Post Office Box 1515, Roswell, New Mexico 88202

9. Pool name or Wildcat
Diablo

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 2310 Feet From The West Line

Section 16 Township 10S Range 27E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3889' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[X]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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.

1-13-92 Replace 2 3/8 Tubing w/ 2 7/8 Plastic Coated tubing Set Packer, Tubing Pressure test casing to 350 Psi for 15 min. see attached chart.

1-14-92 Returned well into injection.

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

SIGNATURE Lisa L. Jennings TITLE Production Analysis DATE 1-15-92

TYPE OR PRINT NAME Lisa L. Jennings TELEPHONE NO.

(This space for State Use)

APPROVED BY [signature] TITLE Field Rep DATE 1/27/92

CONDITIONS OF APPROVAL, IF ANY: