Suse of New Muxico Salymit 3 Chries Form C-103 Ener dinerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 208820212223 P.O. Box 1980, Hobbs, NM 88240 30-005-62798 Santa Fe, New Mexico 87504-2088 **DISTRICT II** P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS ADT (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL X WELL McBride State 2. Name of Operator 8. Well No. Hanson Operating Company, Inc. 9. Pool name or Wildcat 3. Address of Operator P.O. Box 1515, Roswell, NM 88202-1515 4. Well Location Unit Letter G: 1675 Feet From The North __ Line and _2310 East Feet From The 10S 27E **NMPM** Chaves County Township Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3810 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON X REMEDIAL WORK ALTERING CASING **CHANGE PLANS** PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** 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. Hanson Operating Company, Inc. plans to plug & abandon the above well in the following manner: Surface plug with 10 sxs cement. Plug 970'-870' with 25 sxs cement and tag. Plug 2623'-2523' with 25 sxs cement. Plug 4745'-4645' with 25 sxs cement. Plug 5625'-5525' with 25 sxs cement. Set CIBP at 6248' with 35 sxs cement on top.

__ mu Production Analyst

- TILLE Field Rep I

* Brinegel between coment Plucs.

SIGNATURE LON

TYPE OR PRINT NAME

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CONDITIONS OF APPROVAL, IF ANY:

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

Notifie N.M.O.C.D. to witnest flugging Operations.