

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

APR 30 1991

WELL API NO. 30-005-62828
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-794
7. Lease Name or Unit Agreement Name Hanlad 16 State
8. Well No. 1
9. Pool name or Wildcat Diablo San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3889' 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 K : 2005 Feet From The South Line and 2310 Feet From The West Line Section 16 Township 10-S Range 27-E 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒  
CASING TEST AND CEMENT JOB ☐  
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.

04/25/91 cont.

RIH & tagged plug @434'. Pmp 10 sx Class "C" plug @ surface. All plugs were circ w/  
10# mud ladden fluid.

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 Analyst DATE 4-25-91  
TYPE OR PRINT NAME Lisa L. Jennings TELEPHONE NO. 622-7330

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 7-8-91

CONDITIONS OF APPROVAL, IF ANY:

OK  
BW