

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

MAR 28 1991

O. C. D.  
ARTESIA, NM

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. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
1980' FSL & 1980' FEL, Unit J, NWSE  
Sec. 19, T.8S, R.28E

14. PERMIT NO.  
API #30-005-62839

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4021' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM-55911  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A  
7. UNIT AGREEMENT NAME  
N/A  
8. FARM OR LEASE NAME  
McBride Federal  
9. WELL NO.  
1  
10. FIELD AND POOL, OR WILDCAT  
Wildcat  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 19, T.8S, R.28E  
12. COUNTY OR PARISH  
Chaves  
13. STATE  
NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANS ☐  
(Other) ☐

SUBSEQUENT REPORT OF:

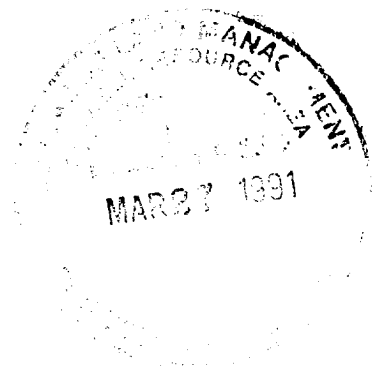
WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐  
(Other) Spud & set surface casing ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Spud @ 8:00 a.m., 03/23/91.

Ran & cem 8-5/8" 24# ST&C K-55 casing. Set @ 529'.  
Cem w/200 sx Pacesetter Lite w/4# celloseal & 2% CaCl/sx.  
Tail in w/150 sx Class "C" w/2% CaCl. Plug dn @ 11:15 a.m.  
Psi to 800# - held OK. Circ 100 sx to pit. WOC 18 hrs.



18. I hereby certify that the foregoing is true and correct

SIGNED Bruce L. Godfrey TITLE Production Analyst

DATE 03/26/91

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

