

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

MAR 9 - 1992

O. C. D.

WELL API NO.
API# 30-005-62889

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

South Twin Lakes

8. Well No.

1

9. Pool name or Wildcat
Wildcat

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 ☒ GAS WELL ☐ OTHER

2. Name of Operator
Hanson Operating Company, Inc. ✓

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

4. Well Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line
Section 11 Township 9S Range 28E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3926' 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.

3-27-92 Spud @ 4:30 PM

3-27-92 Ran & Cem 9 jts 10 3/4" 40.5 J-55 ST&C csg.
Cem w/275 sx Premium Plus, Plug dn @ 12:53 AM 3-28-92.
Circ 70 sx cem to pit. WOC 18 hrs.
Csg set @ 335'

RECEIVED

APR 24 1992

O. C. D.
ARTESIA DISTRICT

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 9-30-92

TYPE OR PRINT NAME Lisa L. Jennings

TELEPHONE NO. 622-7330

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE MAY 18 1992

CONDITIONS OF APPROVAL, IF ANY: